

NATIONAL ASSOCIATION
FOR PROVIDING NURSES
FOR THE SICK POOR

REPORT OF THE
SUB-COMMITTEE OF
REFERENCE AND ENQUIRY



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Errata.

- Page 19, ninth line from top, take out the word 'get.'
- „ 28, seventeenth line from bottom, *for* sanatory *read* sanitary.
- „ 32, eighteenth line from top, *for* Dr. French *read* Dr. Trench.
- „ 37, tenth line from bottom, insert the word 'or' before the words
 'to the Bible Woman,' in lieu of the letter 'r.'
- „ 50, twelfth line from top, *for* live *read* life.
- „ 52, second line from top, *for* provisions *read* provision.
- „ 57, eighteenth line from bottom, *for* onvalescents *read* con-
 valescents.
- „ „ bottom line, the 'i' in imposture is displaced.
- „ 83, Appendix III., eighth line from bottom, *for* Rev. C. B. Dalton
 read Rev. W. H. Dalton.
- „ 119, Appendix XII., third line from bottom, insert the word 'since'
 between the word 'remuneration' and '1869.'

*Extract from the Minutes of a Meeting of the Council
held at No. 10 Chapel Street, Park Lane, on Friday,
June 11, 1875,*

Sir EDMUND LECHMERE, Bart., in the Chair.

The Council of the National Association for providing Trained Nurses for the Sick Poor, having carefully considered the report which has been laid before it by a Sub-Committee of Reference and Enquiry, appointed by the General Committee on the 29th of June last to report upon The state and need of District Nursing, the Training Schools already existing capable of training women for nursing the poor in their own homes, and the Hospitals suitable for such institutions, the District Nurses already at work, and the places where the need of Nurses is felt, and such other matters as might enable them to draw up this report, resolve that :—

‘ The Council of this Association, although it does not commit itself to, or adopt as its own, every separate statement, comment, or conclusion contained in the report of the Sub-Committee of Reference and Enquiry, still, as a whole, acknowledges the extreme value of the information collected by the Sub-Committee, and considers that in future the work of the Association should be continued in accordance with the general principles laid down in the “ Conclusions ” of the report in question ; and the Council consequently instructs the Executive Committee to prepare such a plan for the future working of the Association as shall be in accordance with the principles laid down in this resolution.’

The Council, on behalf of the sick poor, for whose benefit alone this Association has been called into existence, offers its best thanks to the Chairman, Secretaries, and Members of the Sub-Committee of Reference and Enquiry, many of whom have now for more than nine months devoted their time and energies to the completion of their report ; and more especially does it acknowledge the extreme liberality of the Chairman, Mr. Rathbone, M.P., who has so generously defrayed the whole of the expenses incurred in collecting the information, and publishing the report.

PATRONS,

HIS GRACE THE DUKE OF MAN-
CHESTER.
HIS GRACE THE DUKE OF WEST-
MINSTER, K.G.
THE MOST NOBLE THE MARQUIS
OF SALISBURY, K.G.
THE RIGHT HON. THE EARL OF
SHAFTESBURY, K.G.
THE RIGHT HON. THE EARL OF
LICHFIELD.
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THE MARCHIONESS OF SALISBURY.
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THE LADY GALWAY.
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THE HON. MRS. HARDCASTLE.
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MRS. LAWRIE.
LADY LECHMERE.
* MISS FLORENCE LEES.
* MRS. PETO.
* THE VISCOUNTESS STRANGFORD.
* MISS STANLEY.

*The Names to which asterisks * are fixed form the Executive Committee.*

MEDICAL SUB-COMMITTEE.

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W. G. N. MANLEY, ESQ., V.C., R.A.

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OFFICES.

ST. JOHN'S GATE, CLERKENWELL, LONDON, E.C.

AT a Meeting of the General Committee, held on June 29, 1874, at No. 4, St. Martin's Place, Trafalgar Square, W.C., it was resolved—

‘That a Sub-Committee be appointed to enquire into the state and need of District Nursing ; the Training Schools already existing capable of training women for nursing the poor in their own homes, and the Hospitals suitable for such institutions ; the District Nurses already at work ; and the places where need of Nurses is felt, and such other matters as may enable the Sub-Committee to present a Report containing full information bearing upon the objects of the Association, and any suggestions arising therefrom.’

It was resolved—

‘That the undermentioned ladies and gentlemen be requested to act upon such Sub-Committee, it being understood that their doing so does not in any way bind them, if not members of the Executive Committee, to take part or responsibility in the general work of the institution.’

At a Meeting of the Sub-Committee, held July 15, it was resolved—

‘That William Rathbone, Esq., M.P., be appointed chairman, and the Right Hon. Viscountess Strangford and Miss Florence Lees, honorary secretaries.’

The subjects for enquiry and report (page 6) were submitted to the meeting and approved.

COMMITTEE OF REFERENCE AND ENQUIRY.

WILLIAM RATHBONE, Esq., M.P., *Chairman.*

H. W. ACLAND, Esq., M.D., F.R.S.

Sir RUTHERFORD ALCOCK, K.C.B.

Capt. H. BLAIR.

HENRY BONHAM-CARTER, Esq.

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Miss FLORENCE LEES, *Hon. Sec.*

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FRANCIS SIBSON, Esq., M.D., F.R.S.

E. H. SIEVEKING, Esq., M.D.

Right Hon. JAMES STANSFELD, Esq., M.P.

Right Hon. The Viscountess STRANGFORD, *Hon. Sec.*

J. NASSAU SENIOR, Esq.

Mrs. NASSAU SENIOR.

ROBERT WIGRAM, Esq.

With power to add to their number.

The Chairman of the Association, SIR EDMUND LECHMERE, Bart., with the Treasurer and Secretaries of the of the Council, are also *ex officio* members of the Sub-Committee.

Secretary—JOSEPH GUYTON.

SUBJECTS FOR ENQUIRY AND REPORT, APPROVED AT
THE MEETING OF THE SUB-COMMITTEE, JULY 15, 1874.

- 1st. (a) To what extent has nursing of the kind which it is the object of this Association to promote been attempted ?
(b) How far has it succeeded where it has been attempted ?
(c) How far has it failed, and why ?
(d) Assuming that there is a demand and necessity for trained nurses, is it probable that a National Association would be able to supply the want felt ?
(e) If so, what would be the best mode of proceeding to do that most effectually ?

2nd. As London must naturally be the centre of such an organisation, the next class of subjects into which the Sub-Committee would have to enquire is :

- (a) What hospitals are there in London in which there are already training schools for nurses ?
(b) What, in these hospitals, is the plan of training pursued ?
(c) What steps do they take to get women to train as nurses ?
(d) What class of women, or classes of women, do they succeed in getting ?
(e) What mode of nursing is carried out in those hospitals which have not already such training schools ?

(f) Is the nursing given in such hospitals satisfactory to the managers?

3rd. What hospital or hospitals in London, general or parochial, would be likely to afford the best field for the establishment of a central model training school for nurses, having regard not only to the hospitals themselves, but also to the districts surrounding them, in which the training of nurses as district nurses would have to be completed?

4th. (a) The state of the different workhouse hospitals with reference to nursing throughout the country?

(b) Whether in these institutions advantageous schools could not be opened for training nurses for the out-door care of the working classes?

5th. Whether it would be possible to institute a higher grade of nurses, a superior education, and such a system of training as would make nursing a profession in which a lady would not feel that she was sacrificing herself, but, on the contrary, that she was raising herself by entering a profession at once so useful and so honourable?

In making these enquiries would not the Committee have to keep specially in view whether it would not be possible and desirable to make the system, to a very considerable extent, self-supporting?

Would not the Committee have also to consider the precautions and safeguards which would have to be taken in order to prevent the system degenerating into an additional relief system, demoralising and injuring instead of benefiting the classes which it is the object of the Association to aid?

Time has proved all too short to enquire and report thoroughly on all the important subjects for enquiry enumerated in the last two pages ; and, as the Report could no longer be delayed, we were obliged to leave the enquiry as to some of the less pressing points referred to incomplete.

REPORT.

I.—INFORMATION COLLECTED.

THE SUB-COMMITTEE OF REFERENCE and ENQUIRY, appointed at a meeting of the General Committee of this Association on the 29th of June last year, has devoted more than nine months to the duties imposed upon it. The Association was founded for the purpose, principally, of organising a system of training and supplying district nurses for the whole country. In order to learn how this ought best be done, the first step was to ascertain clearly the wants in this respect of London, and the means by which they might be met. This once thoroughly done, the method of affiliating or combining other Associations having a similar object in the several counties and great towns of the kingdom would be a question presenting comparatively little difficulty ; and it is therefore to London chiefly, though not exclusively, that the enquiries of the Sub-Committee have been directed. The information which it was desired to obtain, and which will be found in the Report and Appendices, especially in the latter, simply did not exist, and had to be collected by close personal investigation, and diligent research. It was even questioned whether London stood in need of any addition to its staff of District Nurses and Nursing Sisterhoods, so little was known of the real state of the case. It was impossible either for an association or for individuals to set to work without first learning what

work was actually undertaken already, and where and how the attempts already made were prospering and fulfilling the purpose in hand. It was necessary to know how London was divided for ecclesiastical purposes, and for those charitable objects which are generally organised in some relation with ecclesiastical or religious arrangements. When your Committee set to work these things were imperfectly known, nor could anyone say off-hand how they might best be ascertained.

A valuable report had been made on existing nurse-training institutions by committees of the Order of St. John of Jerusalem ; but we have thought it desirable that separate, and as far as possible, *personal* enquiries should be made. It is most satisfactory to find that the results of those enquiries agree in many important particulars with the results of enquiries made by the Medical Sub-committee of the above-mentioned order, as will be seen by the quotations given.

Thanks to the labours of two or three earnest promoters of the objects in view, and especially to the devotion and energy of Mr. Joseph Guyton, the Secretary of the Committee, all these things have been approximately, if not with absolute accuracy, ascertained. A map, drawn by Mr. Guyton and appended to this Report, shows the Ecclesiastical Districts into which the metropolis is divided and enables the reader to see at a glance what district nursing is done in any of them, and whether by trained or untrained nurses. Formerly it was very difficult for an association, and still more difficult for an individual, desiring to give help where it was most needed to know where it might best be given without overlapping or interfering with agencies already in operation ; and it is probably for this reason that the East, whose extreme poverty is best known and has been most loudly advertised, is better provided—though still very deficient—than the poor districts, for example, of the South. We now know exactly what nursing is done, and by whom, and what training the Nurses have had. We

know what districts are poorest and most suffering. We know the name and address, the nature and professed character of the work, of every Nursing or Nurse-training Institution in the capital. We have ascertained in many instances the results of their experience. We have consulted the clergy and the medical officers of every district, and have received from them much information and some useful suggestions. We have seen, through the eyes of a trained Nurse of the very highest grade, the actual working of the best-organised district-nursing systems in London, and in other towns, their effects, their shortcomings, the difficulties they have to encounter, the means they take to meet those difficulties. The mass of information summed up in the Appendices has taken months of constant, untiring, searching industry to collect ; but, now that it is collected, the service it is capable of rendering to those who wish to see their way to forward one of the most important of charities, is well worth both the trouble and the time it has cost. We have gathered much further information in detail respecting the Hospital training and the actual working of Nursing Institutes, which neither space nor circumstances allowed us to include in our Report, but which has contributed materially to govern the general conclusions at which we have arrived. The counsels of Miss Nightingale, the experience of Dr. Sibson and Dr. Sieveking, the knowledge acquired by the Secretary of the Nightingale Fund, have contributed mainly to systematise and direct the conclusions to be drawn from the array of statistical and personal testimony obtained by Mr. Guyton (by whom the entire work of compilation of the Appendices has been performed), and the results of Miss Lees' close and careful visitation of hospitals and districts. Relying on the value of the information it contains, and the high authority of those whose sanction, more or less complete, it has received, we lay this Report before the General Committee of the Association, from whom we received the commission of which it is the fruit.

II.—NURSING AND NURSE-TRAINING.

Value of
Nursing

NURSING is one of the most universal of human needs. Every man and woman is nearly sure at one or another time to need it, for sickness is only less sure than death, and for the cure of sickness the nurse is at least as necessary as the doctor. There are many diseases which nature, aided by scientific and thorough nursing, would cure without the aid of the physician; not a few serious accidents which, on the same conditions, might be healed without the surgeon; but neither physician nor surgeon can do anything without the nurse, and their skill is effective in proportion to the goodness of the nursing; their science tells chiefly as it is brought into minute and constant operation by the executive care and intelligent obedience of the person to whom the fulfilment of their directions is necessarily entrusted.

A high authority tells us that 'when the disease is formidable; and the result of the struggle doubtful, the success or failure of the physician will in a great measure depend upon the skill and ability with which the nurse economises and sustains the vital powers of the patient, whose recovery or death will depend quite as much on the qualifications of the nurse as of the physician. Indeed, in many cases the physician, who sees the patients only once or twice daily, must be guided in a great measure by the report of the nurse, who is in constant attendance; and he cannot hope for success in his practice unless he can rely upon the fidelity and intelligence of the nurse's report.'

Miss Nightingale says—'Sickness is everywhere. Death is everywhere. But hardly anywhere is the training necessary to teach women to relieve sickness, to delay death. We consider a long education and discipline absolutely necessary to train our medical man; we consider hardly any training at all necessary for our nurse, although how

often does not our medical man himself tell us, "I can do nothing for you unless your nurse will carry out what I say."

'Of how many a rich patient I have said, "Would that I could send him (or her) into hospital." Few know, except medical men in the largest practice, how many rich lives, as well as poor ones, are lost for want of nursing, even among those who can command every want under the sun that money can purchase.'

These last words of Miss Nightingale call attention to a fact which should render the subject one of universal interest. In its actual phase the development of the work which she chiefly contributed to set on foot, and with one branch of which this Association is concerned, appeals to our selfish as strongly as to our charitable instincts. Good nursing is as much wanted by the rich as by the poor. Good nursing is one of the few material blessings that money cannot certainly buy. Nay, in this respect the poor are better off than the rich. In their worst cases a large proportion of the former are sent to the hospitals, and in most of these, since the reforms of the last twenty years, the nursing is superior to any that those whose money supports them could obtain for themselves or their nearest and dearest in time of need. Anything, then, that tends to increase the number of trained nurses, the facilities for training others, and to promote attention to the matter, so as to turn in that direction the thoughts of women in want of an occupation, whether charitable or remunerative, is a direct and most important benefit to the public at large—a charity to the upper and middle classes not less than to the poorest.

It might seem that this must be exaggeration, that a need so obvious would long ago have been supplied. There are thousands of women in want of work who would make excellent nurses. There is an indefinite and, at present, limitless demand for such. How is it that demand and supply have not been brought together, if the need is really so great, and the void so complete as we have said? First, perhaps, because there have been so few means open to

All classes
want better
Nurses.

Trained
Nurses in-
dispensable.

Hard to find.

Amateur
Nursing.

women of obtaining a real education in nursing, and these so little known ; no place where they could live in comfort and decency while learning their business (for hospitals were not such places until comparatively recently), where they would really be taught, and whence they could bring away some sort of certificate or testimonial to their competence, distinguishing them from the ordinary incapable and not too trustworthy persons who have usurped the name and work of nurses. Next, because some who have especially undertaken what is considered to be the cause of women have practically discouraged their devotion to this especially feminine work, in preventive and curative medicine, by spreading the idea that woman's work therein, if not the same as that of the complete surgeon and physician, is inferior, and therefore unworthy. But lastly, and chiefly, because people have not recognised the character of the need, have not known what nursing should be. The generality have thought, perhaps still think, that any woman can nurse, and trust for help, when their need comes, to the untaught, love-prompted care of wife, sister, or daughter. How many valuable lives are yearly lost by that trust it would be cruel to compute ; and for each life lost we may count another almost equally sacrificed ; broken down by the combination of severe labour and trying emotions, labour of course threefold harder to the untrained labourer, emotion from which the professional nurse would be almost as free as the physician. That freedom will improve, not impair, the goodness of the nursing. What you want in the sick room, to quote a well-known medical authority, 'is a calm, steady discipline, existing but unfelt ; the patient cool control, which a stranger is far more likely to exercise than a relative' (and we may remark that the patient's feelings as well as those of his female relatives may be thus spared much tension and trial, very dangerous where bodily weakness is not accompanied by lowered susceptibility), 'and,' which brings us to the second objection to these amateur nurses, 'the experience of illness to note changes, and call

for aid at needed times ' as well as to recognise symptoms and correctly report them ; the latter capacity it is simply impossible that any but a trained nurse should possess in any high degree.

The patient whose wife, sisters, or daughters, unwearied by the fatigue of nursing, bring with them into the sick room fresh minds, a fresh moral atmosphere, and that cheerfulness which is impossible when spirit and body alike are overtaxed, really gets the best that it is in their power to give. Over and over again has every woman experienced in nursing heard from wives and mothers the terrible confession, ' If I had known all that I do now my dear ones would not have died ; ' that is, they died of untrained nursing, and the untrained nurse, their wife or mother, knows it ! Sometimes the jealous affection of those who fancy that nursing is one of the natural instincts of womanhood, and that ignorance of nursing is a reproach, has had disastrous consequences.

Interference of relatives.

A little girl, the only child of a lady, became very seriously ill. The doctor called in to attend her said that ' she must have an experienced nurse from London at once,' and telegraphed to an institution with which he was acquainted to send them one. The nurse arrived, was put in charge of the patient, and day by day a marked improvement was perceptible, until one evening the doctor cheerfully announced, ' he could now say that there were fair grounds for hoping the child might recover.' Before leaving he ordered leeches to be applied, directing the nurse how much blood was to be taken from the patient, and the great care required, and that at a certain stage the bleeding should be stopped. The nurse promised to obey his directions, applied the leeches, and on their removal the warm linseed poultice ordered. This done the mother, who had never left the room, insisted that the nurse should leave her patient and go to bed. The nurse refused to do so until the poultice was removed and the bleeding stopped ; upon which the mother indignantly asked ' whether she supposed

Fatal instance.

that she wasn't capable of doing such a thing as that for her child,' adding that she 'insisted upon the nurse's leaving the room,' which accordingly the nurse did. On the following morning the doctor entered the child's room expecting to find a marked improvement towards recovery. He found the child dying! The nurse was not in the room, and when he asked for her the mother replied, 'Nurse can't tell you anything about the child, for I sent her to bed, and have nursed Elsie myself.' Upon hearing this the doctor turned down the bed-clothes, and finding everything saturated with blood, exclaimed 'Didn't you know, then, how to remove a poultice, and stop leech bites from bleeding?' 'Of course I did,' she replied, 'but the child fell into such a sweet sleep after nurse left the room that I was afraid to disturb her; you know how much you have wished she should have a good night's rest,' she added. The doctor could not tell her she had killed her child. He sent for the nurse, and gave her a severe reprimand for neglect of duty, adding 'that her work there and the life of her patient were alike at an end.'

If this nurse had fully understood the responsibility of her position she would not have deserted her post at the bidding of anyone but the medical man under whose orders she was to act. Had she received a professional training so high that none but a thoroughly well-educated woman could have passed through it, then I think there is little doubt that no one would have dreamt of interfering with her duties any more than they would interfere with the prescriptions of the medical man in attendance.

Nurse
Training.

Training, then—an education in the duties of her profession as complete in regard to those duties as the training of men in their vocations—is the only thing that can qualify a woman to take charge of the lives of the sick; can make her truly and honestly a nurse. The idea that any woman can nurse is as silly as that other by which most families employing a governess have suffered at one time or another, that all women who have 'had an education' can teach.

The principles and the system of nurse-training are set forth in the fullest manner in the 'Suggestions' of Miss Nightingale respecting hospital government etc., which will be found in full in Appendix VII. ; but it is only in rare cases that any such training is given, and its necessity and value are by no means generally appreciated.

Many think that if you put an ordinary intelligent woman into the wards of a large hospital or infirmary for three, four, or six months, 'to pick up what she can' from the nurses, and to learn how to make and apply certain 'dressings,' bandages, and poulticing, that she is then a trained hospital nurse. 'Hospital training' means this and much more. To 'do dressings' and know how to employ surgical appliances is as small a part of a good nurse's training as 'knowing how to shoot' is of a soldier's in a well-organised army. Hospital training, in the full sense of the word, means careful discipline or drill. In other words, order, quickness, punctuality, truthfulness, trustworthiness, method, cleanliness, neatness, implicit and intelligent obedience to those in authority over them, an obedience so absolute and so well understood that a doctor can as fully depend upon his orders being carried out by the nurse as if he himself were present.

Its character.

To know how to give an intelligible and accurate account of any patients under her charge is not such an easy thing as some might imagine. Miss Nightingale has justly observed, 'There are three ways of "telling the truth"—one as it really is, one as you may imagine it to be, and one where you tell the truth in such a way as to give a wrong impression.' A well-trained hospital nurse should have some knowledge of anatomy and physiology, especially of the names and positions of the principal arteries, and the modes of arresting hæmorrhage, and of elementary chemistry (with regard to air, water, and food). In all the best training-schools for nurses the 'subjects in which a nurse is expected to become skilful' have been copied from the rules originally drawn up for the use of

Training-schools.

probationers in the Nightingale School attached to St. Thomas's Hospital. Yet even of the hospitals which have copied these 'subjects,' not one can be said to have a systematic mode of training, even if they possessed the means, which but few do. It is right to observe that their managers fail to distinguish sufficiently what, in the judgment of Miss Nightingale, and of those who have supported the St. Thomas' Training-School, are the essential requisites, both of opportunity and instruction, for a thorough school of nurses.

The report of the Medical Sub-committee, appointed by the Order of St. John of Jerusalem, says, 'Systematic instruction' (in a hospital) 'should be made imperative as a qualification for the nursing profession. . . . There should be a scientific school of nursing as at St. Thomas's Hospital, where nurse-pupils and probationers may receive, at stated periods, medical instruction (including the elements of physiology and hygiene), and be periodically examined.' They also insist on the necessity for educating the nurse-pupils in habits of order and discipline, cleanliness and truthfulness.

A training school for Nurses, then, like any other school, must be provided with an efficient teaching staff under the direction of a Head, competent both to teach and to control. The 'Sisters' or Head Nurses of wards must necessarily be in charge of the teaching, and their practical instruction must be supplemented by elementary, medical, and sanitary instruction given at the bedside and otherwise by the medical men, and followed up by current tests and examinations.

With a staff of women teachers and women pupils, the Head of the school must necessarily also be a woman, *i.e.*, the Matron of the hospital; and it is essential that she be endowed with sufficient powers to maintain effective discipline, and to be able to give a real tone to the Institution.

* 'It is necessary,' says Miss Nightingale, 'to dwell

* See Suggestions, &c. Appendix VII.

strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the Medical Officer or Governor of the hospital.'

Then, again, to obtain suitable and worthy candidates, the school must provide worthy lodging and food and proper discipline, in fact, a real 'home,' with a high moral and religious tone ; and 'helps,' such as women working in hospitals, want more and get ~~get~~ less than women at home or in service.

A training-school for nurses, like a training-school for anything else, presupposes not only *necessary*, but *the best*, appliances that can be obtained for the performance of their nursing duties, and the comfort and well-being of the sick. Where, for instance, to illustrate our meaning by reference to a matter of apparently unimportant detail, a nurse has to use makeshifts, where there is a limited supply of washing and other utensils, where there is improper bath accommodation and no adequate or sufficient supply of water, it may fairly be taken for granted that the hospital authorities cannot 'train' nurses in the full sense of the word, even supposing that they have a properly qualified staff. If, during her training as a probationer-nurse, a woman is taught that certain things are necessary for the general cleanliness and comfort of her patients, then, when she is placed as nurse or superior in some hospital or infirmary which lack such things, or sent to work in the unfurnished homes of the poor, she will do her best to supply the deficiency, and necessity being the mother of invention, where she cannot obtain these things for the asking, she will contrive the nearest approach to them that is possible. She will elevate more or less the whole nursing arrangements of every hospital to which she may be attached, and be the first to carry out to the utmost of her powers improvements suggested by medical men. Nurses trained at St. Thomas's have complained bitterly of the deficiencies in hospitals to which they have been sent, but

they have said that they were doing their best 'to get things by degrees as they ought to be.' On the other hand, some medical men in hospitals where 'nurses are trained' complained that they could not carry out the reforms they wished because the lady-superior was content with them as they were. 'What could she have been used to in the hospital where she was trained?' they exclaimed.

The difficulties to be encountered (especially in a large London hospital) are manifold in the way of maintaining anything approaching to the high tone of character and discipline at which we should aim.

Besides the ordinary difficulties attendant on the direction of a large female staff, there are the temptations arising from the presence of and constant communication with (by night as well as by day) a large number of young men, resulting frequently in immorality, the existence of which in some hospitals is notorious. Secondly, the temptation to accept fees from patients and their friends, to abstract the patients' food, and especially stimulants. The taking of fees is well-known to be a prevalent practice in most hospitals; and though charges of purloining food and of drinking are much less frequent than formerly, the cases are far from rare, and exist probably in many hospitals to a greater degree than the authorities would willingly admit.

Improve-
ment of
character.

The better and more thorough the training given, the higher the character and standing of the profession; the higher its character and standing, the better the quality of the raw material that comes into the trainers' hands. This is one of the most marked effects of such local and isolated efforts as have been made for the improvement of nursing, whether with a mere immediate view to the better management of a particular hospital, or for the purpose of educating women who might serve as missionaries of cleanliness care, and proper treatment in the homes of the sick poor. Thus, in Liverpool, where one of the earliest attempts of the latter kind was made, the medical board of the hospital,

at an early period, expressed themselves in decided terms concerning the improvement which had been effected in the character and conduct of the infirmity nurses, and affirmed that this improvement enabled them to rely with much more confidence on the results of medical treatment, and to save many lives which, under less efficient management, must have been sacrificed.

We are inclined to believe that the period of training fixed by the Nightingale trustees and by the Liverpool scheme (twelve months), represents the time necessary fairly to qualify a woman of average intelligence and fitness. Some women, gifted with unusual powers of observation, learn the art of nursing very rapidly ; but even in these exceptional cases the experience acquired during a twelve-month's probation is very valuable.

Period of
training.

There is another aspect in which this question of training may and should be regarded. In dealing with district nursing among the poor, there are required, as we shall presently show, a certain number of superiors, who should possess at least three titles to the respect and obedience of their subordinates, to justify and reinforce the authority of their position. First, and above all, a much more complete and elaborate training than is necessary for, or can possibly be given to, the general body of nurses. Second, a higher standard of general education, a more cultivated intelligence, than these are likely as a rule to possess. Third, a superior social station ; which, as we all know by experience, whatever its logical value or worthlessness, has greater influence than any other personal advantage in making authority seem natural and rightful, and in reconciling others to subordination and obedience. Moreover, this last qualification would help to overcome a difficulty much felt by many of those at present engaged in district nursing. These find that they cannot insist with the force and earnestness needful to effect their purpose on cleanliness, fresh air, disinfecting agencies, and other conditions essential to the efficiency of nursing, but for which they

Nursing as a
profession
for ladies.

must wholly depend on the families of the patients. Ladies, recognised as such by the poor, yet coming among them not as intrusive advisers, but as actual participators in a work of the most practical charity, would not feel the same difficulty. They would speak with greater authority; they would know better how to make their speech impressive without being offensive, and would be heard with much greater respect, good temper, and disposition to believe in and profit by their advice.

There are considerations, too, which show that a higher and more thorough training than that required of hospital nurses may be necessary in private nursing, even among the rich, and may be of infinite value, if only available by way of supervision and occasional appeal, among the poor.

Hospital v.
Out-door
Nursing.

Few have yet realised that, in addition to the technical and moral training and discipline which must be acquired in a well-organised hospital, a greater amount of theoretical knowledge is absolutely indispensable for a nurse who goes out to 'private cases,' and that, for this vocation, a higher education and a higher grade of women are required.

In hospitals the nurse acts under a head-nurse and matron, and has a staff of resident medical men to appeal to at a moment's notice. Her patients are visited by the house-surgeon or physician at least twice in every twenty-four hours, in addition to the morning visit of the medical chief or professor of her ward. In private nursing the nurse is alone, and has to act more or less on her own responsibility, rarely 'seeing the doctor' above once in the twenty-four hours. Who, that has ever watched the progress of disease (more particularly in a certain class of fevers) does not know the many changes that may occur even in twelve hours? With a well-trained and skilful nurse at hand, no change could ever pass unnoticed, and her professional knowledge would enable her to know the right remedy to apply at the right moment, and in all probability a life would be saved which would have been otherwise lost. In Miss Lees' Fever Lazareth before Metz, the medical chef had

not always time to visit carefully *all* the men, but twice in the day he would come, and each time ask her to point out 'the cases' that seemed to need particular care and attention.

Once, on leaving, he said 'Remember, Sister, that the lives of these men depend more upon your nursing and care than upon anything *I* can do for them. If you observe such and such symptoms, you must change the medicine and give so and so. If you find any man's pulse going down rapidly you may give ————— at your own discretion. You will see changes in the disease which no one who is not watching by the bedside ever could see.'

That hospital did not lose 3 per cent., while the mortality in other hospitals was almost incredible. There were other causes that contributed to this. The 'chef' was the only medical man who followed the so-called 'English method' of unlimited fresh air and 'feeding.' He had also more confidence in the nursing, and therefore allowed Miss Lees greater powers than were allowed to other sisters by their medical chefs. Any difficulty she could always mention to him at his visit, and however hurried he might be, he would always explain and instruct her what to do as far as time allowed.

To quote one of the medical authorities of the day, 'with such a class of trained women ever at the bedside, skilled in observing with the utmost accuracy and without disturbance to the patient all those delicate variations which disease presents, medical knowledge itself might be expected to enter upon a new development, new subjects and methods of observation could hardly fail to present themselves. The true nurse's part, indeed, would be one essentially of observation (in addition to the practical duties she would perform for her patient), and apart from all the benefits it would confer upon the patient, would provide materials on which the future life of medicine might base itself. In some forms of disease the requisite minuteness and completeness of observation can only be attained by a more or less constant presence in the sick chamber. Is it not

High professional training.

evident, then, that Nature has assigned to woman this share in the task, and that in performing it her place can be in no way inferior to that of those to whom the other portion of the work is given?

A ladies' profession.

Everyone knows, again, how few employments there are open to gentlewomen. An officer, clergyman, etc., can bring his sons up to earn their own living in the world, with the hope of their leading useful lives to the community at large, perhaps of rising to honour and renown. But what provision can he make for his daughters? As children, they have probably received a far less thorough and expensive education than the sons, on the assumption that it will be of no use to them when they are grown up. The father dies, and with him, probably, all the little 'means' his family possessed. Untrained, and half educated, his daughters must go out into the world to earn their own living as best they can. And the only way open to them is to become 'a companion' or 'a governess.' This is neither the time nor place to speak of the heart-breaking disappointments that fall to the lot of most who are 'looking out for a situation.' We are all acquainted with the long columns in the *Times* filled with advertisements of 'governesses,' and we all know how few of those who advertise their ability to teach others have ever been properly taught themselves, or have ever been taught *how to teach*, or to recognise the dignity of such a profession when exercised only by those properly qualified. Grave objections are entertained to women entering the medical profession, but who would object to women making *nursing* a profession? It is closely allied with the medical profession, equally honourable, useful, and, if they are properly qualified, perhaps hardly less scientific. Even the improved training for hospital nurses given at the 'Nightingale School' does not supply the comprehensive education and training that would elevate nursing to the rank of a scientific *art* for educated women like the medical profession; for it does not profess to train 'private nurses,' although the training given to its hospital nurses

and superintendents is the only systematic one in England, and is more practical than that given in any hospital abroad. To give nursing the social rank and standing that would make it a profession fit for women of cultivation, a more comprehensive education and training would be necessary. And this would secure to its members the social position and material rewards that belong, and are generally given to those who combine a scientific education with a useful calling.

High-class
nursing.

The Professor of 'the Theory and Practice of Medicine' at Montreal (Dr. Howard) said, in a lecture addressed to his students: 'Such an art would imply, in my view, a liberal preliminary education at least equal to that now required of the medical student, assigning, however, a first place to natural science and a lower one to the classics. And 2nd, a professional education extending over three full years, and embracing the following scheme of subjects: Anatomy, Physiology, Chemistry, Materia Medica, Pharmacy, Dietetics, Hygiene, and clinical instruction in nursing the sick and wounded, in dressing wounds and applying splints, etc.' [for which education they would, of course, pay as medical students do]. 'Such nurses might receive a diploma upon examination entitling them to practise the art of nursing, and to charge fees in rates proportionate to our own. Such a body of trained nurses would supply the greatest want we have as physicians, and would open up a career of usefulness and honourable employment to our sisters, who would then be not only the helpmates but the *complementa* of the medical profession.'

Other members of the medical profession have said the same, although few, perhaps, have written as fully on the subject as the author of 'Thoughts on Health.' He confidently anticipates the time when every gentleman of limited income who is seeking to provide a profession for his sons will strive quite as earnestly 'to establish' his daughters, not in the ordinary sense of the word, by marriage, but by providing them with such an education

and training that they may look forward with quiet confidence to having a home of their own. And when these women married, they would marry simply because they felt that love and esteem which all wives *should* feel for their husbands ; and not because they were 'alone in the world,' and wanted a home, dreading sickness or age coming upon them unprepared.

Interests of
charity.

Mr. Hinton urges, moreover, that the interests of charity would be promoted. For no restraint would be placed on the benevolent efforts of those ladies or sisters of religious communities who prefer to act as nurses without being paid, and to spend their lives as far as they can 'in doing good.' For why should their number or their zeal be diminished? But everyone must acknowledge that those things which rest for their doing on charity alone are seldom thoroughly well done. To how large an extent medical men give their labours gratuitously to the poor, long after their doing so has ceased to be of any possible advantage to themselves, is partly known to all.

Must not the sick poor be benefited in like way by the presence among them of a large number of kind-hearted ladies, filled with a professional zeal for good nursing for its own sake, and as being that whereon their own renown and prosperity depend. Would they be more apt to turn a deaf ear to the call of suffering than the medical men have proved themselves to be? Their position would give them an influence with the sick poor that the half-educated nurse or midwife who now tends them could never hope to acquire.

We do not think it would be possible to over-rate the services of such an educated body of nurses among us in the *prevention* of disease alone. And it is only from such a class that we can take the trainers and directors of our Nursing Schools, or the supervisors who are absolutely needed to render district nursing among the poor what it ought to be in its proper function, as nursing and not mere relief of the sick poor.

III.—DISTRICT NURSING.

On the second head of our report we find, among persons whose opinions are entitled to grave consideration, a difference of opinion which does not exist in regard to the need for a body of skilled professional nurses, for the creation of schools wherein such nurses may learn their profession, and for a strict systematic hospital training, coupled with direct instruction, as the only means by which they can learn it. These points are not disputed among competent judges; but there exists some difference of opinion as to the value of district nursing among the poor as now conducted, though none as to the fact that it does infinite good; and though the great preponderance of opinion appears to be favourable to the system as in operation here and there at present, while admitting the desirability of modifications in its organisation, and the existence of room for very large improvement in its practical working.

Differences
of opinion.

The results of district nursing, though only tried on a small scale, and with very imperfect organisation, have been invariably most valuable. It relieves an amount of suffering most intense in its character and capable of alleviation to a great extent by a proportionately small expenditure. It tends to more than this; to teach the people to nurse their own sick, and, by introducing a knowledge of sanitary laws among the working classes, to prevent illness and strengthen health.

Admitted
results.

In a merely economical point of view, by restoring parents to their work and place, it often prevents whole families from steadily sinking into hopeless poverty, misery, and vice, the consequences of which, in the end, take vengeance on society for its neglected duties.

In a moral and political point of view aid thus given to the suffering poor does away with an irritation against God

and man, the extent of which is not suspected by those who have not been in a position to see it. Such irritation is the frequent result of extreme suffering when unmitigated by assistance from those who have the power to give it, leading men to brood bitterly over an inequality of conditions to which they are not reconciled by experiencing in their need the alleviation which wealth and knowledge could and should have provided. Assistance thus bestowed would open the hearts of the sufferers and their families to all benevolent persons in their attempts to benefit the working classes physically, morally, and religiously.

‘No expense is spared in providing drugs and medical attendance for the working classes. Indeed the expenditure is out of all proportion to the amount of good done, and it is difficult to form any conception of the amount of talent, time, and labour that is absolutely wasted from the want of an organised and efficient system of nursing. The hasty visit of the doctor will be of little avail if the diet and regimen are not attended to ; if there is no one present who can form an intelligent comprehension of medical directions ; if the unfortunate patient is breathing a poisonous atmosphere in a close, unventilated dwelling, amidst dirt, confusion, and disorder ; if there is no one present who possesses any knowledge at all of the first principles of sanitary science, or the laws of our common nature.

‘The poor do not know how to prepare the simple food which may be ordered in a palatable form ; they do not know how to prepare or use the applications which may be prescribed, such as the preparation and administration of injections, the application of leeches, rollers, blisters, poultices, fomentations, the management of bed-sores, and many other requirements I need not allude to at present.

‘Under these circumstances, with so many opposing forces to counteract the benefits which medicine might confer, the most skilful physician will be utterly baffled. He therefore becomes careless or indifferent about the result of his treatment, or he retires in despair from such hopeless warfare.’—‘Trained Nurses among the Labouring Poor.’ By a Physician. John Churchill, London, 1860.

Clerical and
medical
testimony.

The questions addressed by your Committee to the clergy and medical officers of the Poor-law throughout

London have elicited an almost unanimous testimony to the value of a district nurse's services wherever they have been or are enjoyed, provided the nurse herself be trained, competent, respectable, and thoroughly in earnest in her vocation.

John Denny, M.R.C.S., Resident Medical Officer, Stoke Newington Dispensary, says :—‘ My experience leads me to the belief that there is but one way in which nursing could be made satisfactorily available among the poor, viz., let there be an establishment in connection with every district, which should contain a resident head (female), with two or three (also residents) under her. Numbers in accordance with the size of the district. The officials should be in daily communication with the officers of any medical charity that attends the poor of the district, with the poor-law medical officers, and relieving officers. The establishment should contain a room to be used as work or meeting room for the poor ; a kitchen, with a boiler to make soup in ; a cellar to keep coals in when needed to supply the poor with. The duty of the women should be to drop in several times during the day, upon all cases of sickness, to see that the medical man's instructions are fully carried out and to do whatever he may require done ; to remain with the patient all night, or any given number of hours directed in extreme cases, but to be able at all times to return to the establishment. The plan I suggest is carried out on a small scale in one of my districts, and works, so far as the machinery will admit of, *admirably*.’

John Whitmore, M.D. &c., Medical Officer of Health, St. Marylebone District, says :—‘ I am able to say that the services of skilled nurses amongst the poor, and especially the children of the poor when suffering from measles, scarlet fever, and other infectious and contagious diseases, would be of inestimable value. It is the want of skilled care and control which causes these diseases to be so widely disseminated. As a rule, the poor generally are grossly ignorant of the use of disinfectants, and altogether regardless of the most ordinary precautions by which the spread of infectious diseases may be prevented.’

John Adams, L.R.C.P., district half a mile radius beyond the City from Smithfield, Royal General Dispensary, says :—‘ I have found that the want of proper nursing has been the greatest difficulty I have had to

contend with. In very many cases I have had to do myself what should be done by a nurse, and in other cases, such as enemās, poultices, and the like, I have not ordered for the very reason that I knew my directions would not be carried out. The nursing is done by the relatives, and my experience teaches me that in a great number of cases it is carried out most imperfectly. If a trained nurse were provided for some of the severe cases I am quite certain it would be conferring a great boon on the patients themselves.'

Doubts expressed.

A few of the medical officers express doubts which, for the most part, seem to rest either on a misconception of the proper functions of a nurse and of her relations to the doctor, or on a view which is shared by one or two persons of even larger experience than theirs: that real nursing of the poor in their own homes, considering what those homes are, how wanting in cleanliness, ventilation, quiet, and every condition generally regarded as requisite for the proper treatment of sickness, is impossible.

E. Goddard, M.R.C.P., Medical Officer, No. 6 District, Holborn Union, says :—'A former master of the workhouse () stated that "he did not keep nurses like horses in a stall, ready whenever I chose to ask for one." Providing nurses is such an insignificant mode of meeting the many evils incidental to sickness among the poor, that I cannot think much help may be looked for here.'

Alfred Phillips, M.R.C.S., Resident Medical Officer, Finsbury Dispensary, says :—'The sick whom I am in the habit of visiting are, with very rare exceptions, so poor, and are in consequence so devoid of all the necessary appliances of the sick-room, that the services of a nurse, in cases of sufficient gravity to require such services, would be, in my opinion, rendered as nearly as possible futile. Such cases amongst the class I visit, I consider more satisfactorily treated in hospital, and I always advocate that course.'

It is urged again, as hinted by Mr. Phillips, that the hospital (or the workhouse infirmary) is the proper place for the serious acute diseases of the poor, the latter taking in a large number of chronic cases too, and that the chronic

cases in their own homes are objects, for the most part, rather of relief than of nursing. To all these objections we think that a short practical answer may be given. No doubt the hospital is the right place for serious acute diseases, and for severe accidents ; and it is no part of the object of such an organisation as we contemplate to relieve the hospitals of that duty ; on the contrary, one of the good results of a well-organised, well-supervised system of district nursing would be to send to the hospitals many cases that do not now find their way there. The workhouse infirmary must, in default of available charities, take charge of chronic cases that are friendless, penniless, and helpless. But a large number of the very best and worthiest of the poor shrink from the workhouse as from degradation ; and it will be an evil day for England when they cease to do so. And the decisive reply to the objectors is this ; neither in Liverpool, in Derby, nor in those parts of London where district nursing has been attempted nor anywhere else, has there ever been a want of work, aye, and real nursing work, for the nurses to do. Even where it is alleged that they do not nurse, but give relief, the very reports that press home this charge show, in the very instances given, that there was plenty of nursing to be done. Of the Liverpool district nursing cases in 1873, to the number of 3,572, 326 were sent to hospital, 246 otherwise taken off the books, and of the 3,000 left, 547 died. A death-rate of 18·2 per cent., after the list had been weeded of its heaviest cases by the hospital, implies very serious illness and very grave need of real nursing. And as to the unhealthiness of the homes, we grant that to improve them is the first of all necessities. But it will be a very slow work ; and in the meanwhile, as the poor have to live there and to be ill there, do they the less need nursing that it is nursing under every disadvantage ?

‘ Nothing,’ says Miss Nightingale, in some private notes on this subject, ‘ is clearer than the fact that so

far from district nurses not being wanted, from a want of serious cases to be nursed at home, ten times the number of ~~trained~~ sick nurses might be employed among the sick poor at home to nurse and to do nothing else ; and this in addition to the agencies wanted to cook, to visit, to relieve, to write letters for, to maintain relations for the sick poor with relieving and other parish and institution officers ; all which agencies, except the first, cooking, one would think much better done by District Visiting Ladies than by expensively trained nurses. Yet all reports show that the nurse it is who mainly or wholly does all these.'

If we refer to the reports of the Liverpool Training School and Home for Nurses, which has now carried on district nursing for thirteen years, the deductions to be made from the excellent statistical tables of cases which they contain leave no doubt as to the extreme gravity of the cases nursed by the district nurses. The table for the year 1873, compiled under the direction of Dr. French, T the Medical Officer of the Liverpool Board of Health, shows that 3,572 cases were attended during the year, while 326 were removed to hospital or infirmary, and 246 were taken off the list for other reasons, leaving, therefore, 3,000 patients under observation ; and that out of these 3,000, 547 died, being at the rate of 182 per 1,000.

Work
actually
found.

The account of the Biblewomen-Nurses' work, in 'Nurses for the Needy,' does not suggest that there is any lack of proper employment for nurses among the suffering poor at their own homes :—

'One of the first things we learned affecting such a nurse passing from house to house was the division of the work that she could do from that which she could not. She could not, unless set apart to it, nurse infectious disease, because she would, of course, spread it from one family to another. Measles, small-pox, scarlatina, and contagious fever were therefore beyond her bounds, though she might in many cases carry help to the door, and give most useful previous instruction to the poor mothers how, in such cases, to nurse their own children. A very wide circle of non-contagious disease remained in her care. Bad legs, incident to the much standing of the labouring classes, cancer, tumours, dropsy, abscesses, ulcers, skin-diseases, and putrefying sores ; a great part

of them uncared for, except as the sufferers were out-patients of hospitals, and served by ignorant relatives. Such cases alone presented an unending field for the practice of all the nursing that could be learned in the surgical wards of hospitals; while paralysis, epilepsy, rheumatic fever, with affections of the heart, spine, lungs, stomach, and liver, developed in young and old by bad smells and unfavourable conditions and atmosphere of lodgings, are always swelling the list; besides which, there again remained the important department of the "prevention which is better than cure," in the case of poor mothers recovering from their confinements; teaching them how to care for themselves and their babes at a period when suffering so perpetually arises from the want of that care.'

Another passage affords an incidental answer to the hospital argument:—

'But while an annual report of St. Bartholomew's, the oldest of our London hospitals, speaks of over 6,000 *patients* as admitted, cured, and discharged in one year, it speaks also of attendance during the same space of time on 71,000 *out-patients*.

Nursing
hospital out-
patients.

'Such "attendance," however, includes chiefly the service and medicine administered in the waiting-room, where the large number of applicants makes their "waiting" very long. They often undergo operations of more or less importance, which, if not of sufficient magnitude to warrant their being received into the hospital, often need the attendance of a nurse who has been trained to such dressing and cleansing of the wound as will ensure the successful result of the doctor's treatment. And, alas! in the homes of many, the helpful hand is not found. Our nurses have often discovered a piece of dirty ticking or even sacking, aggravating an open sore, and, how gladly have they displaced it with the soft lint or clean rag and healing lotion which our kind friends supply to the Mother-house for their use.'

The great fault and the great difficulty of District Nursing is its tendency to lapse or degenerate into mere charitable relief; *giving to* the sick poor instead of *doing for* them. The danger is obvious; the evil does undoubtedly exist. How can it be otherwise unless, indeed, the nurses had nothing to give? First, as to defective, insufficient

Dangers.

nursing, or neglect of nursing proper. It is, of course, impossible that a District Nurse can nurse as if in a hospital ward. She has too large a number of patients; and many of them do not require that kind of nursing. But grant that some do, she cannot give it. She cannot remain for hours within reach of a single patient, and visit him several times in the day. She has not the appliances of the hospital, nor its arrangements. The utmost she can do for a single patient must generally be limited to one visit a day of an hour's duration, during which she can and ought to do, in the graver cases, all the most important and delicate duties of the nurse that admit of being done once for all—washing, dressing sores, changing the linen and making the bed of a sufferer who cannot move, etc. Even if she did her duty thoroughly, she would be apt to fall under the censure of a visitor judging her by a hospital standard. But it must be confessed that in too many instances she falls short of that duty. Her visits fail to reach the minimum of an hour required in grave cases; she has too much to do that is not nursing to nurse properly. Where she is entrusted with large means to give away, she is apt to give most of her time and attention to this easiest and pleasantest of her functions: if only for the reason that it is one of the most essential. The greatest need of the sick poor, in their own homes, is nourishment suited to their feeble state and precarious appetite; and a person who gave this and did nothing else would probably effect more cures than a nurse who did everything else but was unable to do this.

Tendency to
relieve and
not nurse.

Check on
relief by
nurses.

It is, therefore, obvious that even the best nurses have a tendency to degenerate into alms-givers, and almsgivers at other people's expense: and that this is a danger against which vigilant precaution must be taken. It seems a sound rule that the distribution of 'medical comforts' should never be under the control of the nurse in person; that if possible the Lady Superintendent of her district, as the guardian and often the provider of the funds required for that purpose,

or in her absence some other independent authority, should herself, with the advice of the medical man, assign what is needed. But too often the lady in question has not the leisure to visit all the cases herself so often as would be necessary to prevent waste and misapplication—certain to occur if considerable supplies were given at once—while ensuring promptitude in relieving pressing and immediate wants; and as very frequently the nurse must herself make the arrowroot, sago, or gruel, or administer the wine, it is difficult to enforce a rule so stringent. Still, at this or some other mode of separating the nurse from the reliever we ought unquestionably to aim.

And we must go a step further, and take care that proper discrimination is used in the granting of relief. There must be effective inquiry into the circumstances of each patient.

There is another mode of keeping up the professional spirit and efficiency of the nurse to which your Committee desire to call especial attention. The Lady Superintendent of a district, herself unprofessional, and likely to err even more than the nurse in the direction of liberal almsgiving, cannot stimulate and direct the nurse in her distinct nursing duties, or effectually correct her negligences. This can be done only by a professional supervisor, who would be in charge of an area containing a certain number of districts, would receive the reports of the nurses, periodically inspect their work, and go the rounds with each of them. She should be a lady of education and breeding, as well as a nurse of the highest order, having received that superior professional training and instruction of which we have already spoken, and competent therefore to direct and instruct the ordinary nurses, as well as able to secure their deference and obedience. It is obvious that such a class of superior nurses has yet to be created; and we have therefore dwelt at some length, in a former passage, on the probable sources of supply and mode of training them. But we believe that only the supervision of such highly

Professional
supervisor.

qualified superiors, inspecting and guiding the district nurses, in communication with the Lady Superintendent, and reporting to the executive of the local or general Association, can keep the nurses up to their work, and preserve its standard from degenerating.* The professional spirit which is never wanting in those who have given themselves up to a career and been thoroughly educated for it would ensure their intolerance of neglect and slovenliness in nursing; that spirit would keep alive a similar feeling in those under them; and though they might at first be disposed to be too exacting, this is a fault on the right side, and practical experience would soon teach them what could and could not be done: what should be insisted on as indispensable, what abandoned as impossible, and what regarded as a standard of perfection rather to be continually kept in view and gradually approached than actually attained.†

* The following extract from the letter of a lady of experience in the subject fully confirms our argument: and we could quote many more similar testimonies:—‘The only remedy I can see for what is acknowledged failure in degree in District Nursing is superintendence by women who, with intelligence above the average, combine practical knowledge of nursing. In a large town several such visitors would be needed for efficient visitation, and they should bring their reports to a Lady Superintendent who, in the general superintendence of such a large work, would have ample occupation without perhaps ever visiting the sick in their own homes. I saw a good deal of the District Nursing at Derby a few years ago. The town being small, and the districts few, the Lady Superintendent at the Private Nurses’ Home was able to visit and follow up the nurses’ work herself and so kept them up to their work. The result was satisfactory. It certainly is unsatisfactory that the energy of a trained nurse should be expended in simply carrying food (possibly uncooked) to and *looking* at a patient. In cases where the nurse *can* do nothing more than this it would be far better to hand the patient over to the Bible-woman or to some Benevolent Society’s care and insist that the nurse has some actual manual help to record for every patient on her book. If this were the case the limit of those on at one time should be *thirty*. If I had the organisation of District Nursing I would lay these down as fixed rules, and not allow the Ladies Superintendent of the districts to depart from them. If their sympathies were enlisted in favour of some person who required *food*, but not a nurse, they should arrange to afford the relief through some other channel than the nurse; otherwise she soon becomes a nurse only in name.’

† It has been strongly urged by high authority ‘that supervision should extend not only to the work and conduct of the nurse, but also to the selection of the patients and the subsequent disposal of them. In any well-managed hospital, no one dreams of leaving it to the lady subscribers to decide whether a patient shall be admitted—a Medical Man decides if the case be a proper one; still less of leaving to lady subscribers the option of putting fever and surgical cases together, or lying-in cases with either. So with regard to patients in their own homes, the decision as to what case the District Nurse is to take

The Liverpool system of district nursing has been in operation for thirteen years, has been copied in many of its chief features by more recent undertakings, and is the most complete organisation of the kind in existence. It includes three branches, a Home Training School for Nurses, which undertakes the nursing of the Liverpool Infirmary, a regular organisation of sick nursing for the poor, and the provision of nurses for private families. The Lady Superintendent of the School is, at the same time, the Matron of the Infirmary.

The Home is contiguous to the hospital, and in it reside the pupil-nurses as well as such of the hospital nurses as are not immediately attached to the wards. The pupil nurses are trained in the hospital for a year, and are then allotted to hospital, district, or private work as required. While under training they are maintained and paid by the Institution. For the purposes of district nursing, the town is divided into districts, following for convenience sake the boundaries of some one or more ecclesiastical districts. In each district there is a local Lady Superintendent, who becomes responsible for providing the funds required to meet all expenses other than the nurses' wages, which are paid by the Central Society, and generally overlooks the nurses' work. The sources from which the funds are actually obtained are various, the Liverpool Hospital Sunday Fund contributing largely for several years past. The nurses are periodically visited by a lady who acts as Inspector of Nurses under the direction of the Central Society. The inspector has not hitherto

should not be left solely to the local Lady Superintendent or to the Ladies' Committee, or to the Bible Woman, or solely to any unprofessional untrained agency. We learn that the difficulty is sometimes evaded by taking no 'fever cases,' the very cases which, among the sick poor at home, most require skilled nursing; sometimes by taking no lying-in cases, cases where immediately and for some days *after* confinement the cleanliness and care of a good nurse are invaluable to both mother and infant, and, lastly, sometimes by taking all or none, at the discretion of the Lady Superintendent. This question, often of vital importance, appears to be one which belongs especially to the trained Supervisor and Medical Man. It is feared that the death-rate in lying-in cases has been greatly aggravated by want of supervision in this respect.

been fully trained as a nurse. She takes no part in the management of the district. Each nurse, as a rule, lodges in her own district, but in one instance there is a Home where nurses lodge together, the Home being under the care of a matron. One nurse cooks for the patients and nurses in turn.

Experiences.

Of the various district nursing systems investigated, that of Derby has been in pure nursing the most successful in its results. The nurses of the former—not half-a-dozen—are under a *trained* Lady Superintendent, who alone gives the ‘medical comforts,’ etc. required, and who inspects weekly the work done by the nurses under her charge, and *daily* arranges what that work shall consist of for each nurse. Fevers and contagious diseases are nursed by a ‘Fever Nurse,’ who is not allowed to visit any other patients. She brings a daily report of her cases to the Lady Superintendent, the said ‘report’ being delivered verbally over the low garden wall of the nurses’ Home. The Lady Superintendent calls at the house of each such patient to ask the relatives ‘what nurse has done for them?’ but does not enter the room. The doctor reports to the Lady Superintendent if the sick person and *room* are dirty and neglected by the nurse. Miss Lees only spent one day in Derby, and in that one day saw all the nurses but one, districts etc. being on a much smaller scale than at Liverpool or London. She did not accompany the nurses, but the Lady Superintendent on her ‘rounds.’

We insert in full Miss Lees’ account of her visit to Derby:—

Derby
District
Nursing.

‘The few hours I spent in Derby, and the very little I saw of the nurses, makes a report on the nursing almost an impossibility. The poor were better housed, and not so degraded as in Liverpool. The nurses lived with their own families in their own homes. Among the very poor they did not seem to do much actual nursing, but among the better class of the poor, e.g. small shopkeepers etc. they did actually “nurse,” and, so far as I could judge, the patients were left nearly untouched by their relatives until the arrival of the nurse.

'In one case only I saw the nurse at work. I think it was a case of rheumatic gout. The patient had lost the use of her legs, and "the nurse," she told us, "had been rubbing them for an hour daily by the doctor's orders." When we came into the room the nurse was just washing her patient, and the manner of both patient and nurse gave one the impression that the nurse was in constant and careful attendance. All the cases where nurses actually *did* anything for their patients were people who could well have afforded (it seemed to me) to have paid some small sum weekly for her services. Among the very poor, however, the services of the nurse seemed to be restricted to giving nourishment. We visited one poor man with a fearful abscess in his hand, which did not look to me as if it had ever been properly *cleaned* or poulticed. I washed and examined it myself, and found on enquiry that it had never been attended to by the nurse, only by the wife. We persuaded the man to go into the infirmary. The Lady Superintendent acts as a sort of inspector. She visits all her nurses' cases once a week, and appoints them their daily cases, which are to be visited by them and cared for according to the directions given them by the Lady Superintendent.

'These nurses do not attend to their cases on Sunday; and one old woman complained bitterly that something having prevented the nurse coming to her on Saturday she had not been washed nor had her bed made from the Friday until Monday. (This woman was really poor, but had seen better days. She was scrupulously clean). All the rooms I visited with the Lady Superintendent were clean and well kept, but the nurses are not expected to attend to the rooms or clean them in any way.

'Only one bed of one patient was really dirty. He was the husband of a poor old woman who got their joint living by selling matches, he being now disabled by rheumatism. The room was scrupulously clean, but it looked as if the sheets had not been washed or the "bed made" for weeks. The latter, however, might not have been the case, only the soiled patchwork quilt and every possible article of wearing apparel having been heaped on the bed to warm the poor inmate gave an untidy and disorderly appearance. I regretted that blankets were not lent to this case, blankets and bedding of all kinds being largely lent among the poor by the nurses.

'As far as I could learn no district nurse visited more than twelve cases a week. All fevers were reserved for the care of one nurse, who was not permitted to enter the "Home," but made her report and received her directions in the open air over the wall of the garden attached to the Home. The fever-nurse, therefore, was exempt from inspection, but the Lady Superintendent heard from the parish doctor as to how far she filled, or failed in, her duty. No "medical comforts" or nourishment of any kind could be given by the nurse. If the nurse thought a case required anything of the kind, she reported it to the Lady Superintendent of the Home, who herself immediately visited the case, and then ordered it to be given or not as she thought best.

'Where the Lady Superintendent knew that a wife was in constant attendance on a husband (or a mother on son, etc.) and she had a "spare nurse" (e.g. one of the "Private Nurses" *home* while waiting for another private case), she would say to her, "Now, nurse, go and sit for three or four hours this afternoon with poor ———, and tell his wife to get a good rest, or tell her that she can go out and do any shopping she wants to do, while you are with her husband; and she is to give you any mending she wants done, or any stockings she wants darned, and you are to do them while you sit by your patient." Sometimes the Lady Superintendent sends a nurse to read the Bible to a patient. But one thing struck me very much, viz. that there did not seem to be one-tenth of the disease, misery, and destitution in any nurse's district that there was in any one district at Liverpool or London. The Lady Superintendent *much regretted, however, that her nurses did not live in one common home, instead of in their own homes.* She said there was no comparison between the work of the nurses who looked upon their profession as their one object in life, and the nurses whose hearts were bound up in their family life, and who rejoiced when—their appointed nursing duty being over—they could return to their children.

'The "Nursing Institution" of Derby is entirely separate from the hospital there, and in this respect, as in others, differs from Liverpool.'

The Bible-women nurses are inspected fortnightly, or monthly, by a 'Nurse Pioneer.' The pioneers are selected from those of the nurses who seem to have developed

special fitness for the purpose. Each pioneer has charge of twelve nurses, more or less, according to the visiting aid given by the Lady Superintendent of the district. The 'Nurse Pioneer' 'reports' on the cases of each nurse, acquainting herself in turn with each nurse's circle of sick people.

The Bible-women Nurses are insufficiently trained; they are taught to regard their nursing duties as subordinate to spiritual objects, and their efforts are chiefly directed, of course, to those who have had either a religious education or religious impressions later in life, and whose homes consequently present a different aspect to those of too many labouring people; for among the poor cleanliness is indeed next to godliness, and the two are not often separated. Therefore the work of the Bible-women falls, as a rule, in favoured spots and under special conditions; and there is no doubt, moreover, that its most agreeable and satisfactory side was shown to Miss Lees, while in other cases she saw things quite 'in the rough' and in their every-day condition. It is not necessary, therefore, to suppose that the Bible-women are really superior in efficiency to others because it is among the former that we find the examples we are about to cite of nursing as it should be. They nurse no contagious diseases, and consequently their work confines itself in great measure to monthly nursing, chronic and surgical cases—a limited and by no means most difficult class of nursing.

Examples of
District
Nursing.

'I spent a morning with another nurse, who had thirteen cases on her "card." She told me that she "only visited about four *daily*, as that took four hours, and then filled up the afternoon with the others who didn't want much doing for them." The four cases I visited with her, and must confess she did her work well. The first case visited was a chronic case of ulcerated legs. The patient had been cook in a gentleman's family, and had neither relatives nor neighbours to look after her. A lady, however, in whose service she had once been, allowed her a certain sum a week to pay for a woman to come in and "clean up" for her, and

As it should
be.

arranged that the Bible-woman nurse should visit her daily, with the exception of Saturday and Sunday, when the nurses are "not expected" to visit any of their patients.

'The nurse washed and dressed the ulcer, putting all the soiled dressings, old flannels, etc. *on the fire*, and fetched fresh water for the patient's use during the day, and emptied and scoured out her slop-pail.

'From here we went to a woman who had been paralysed for some years. The nurse washed her from head to foot, made her bed, and rubbed the spine with "acetic acid." The old woman told me "she'd rather go without her dinner than the rubbing," and that she "was quite sure it had done her a power of good, for she could move her toes a little and partly open her fingers."

'We visited another case where the nurse simply applied the acetic acid to the spine for about a quarter of an hour.

'The next case visited was an old woman suffering from ulcerated legs. This room was poorer looking than any of the others I had seen, but tolerably clean. The nurse washed and dressed the ulcers, putting the soiled dressings on the fire, and made the bed of the patient. The old woman told me that the "nurse did it daily excepting Sundays."

'The next district that I visited the nurse had seventeen cases on her card, but told me she only *nursed* about six a day, and visited the others occasionally. One old woman that we visited had dislocated her hip, and was suffering very much from rheumatism. The nurse washed her, combed her hair, and made her bed. (The patient told me that the nurse did it every day, including Sundays.) On leaving, the nurse gave her tea, sugar, and 2s. 6d. in money. The next case that we visited we found the patient washed, the bed made, and the room "a pattern" of neatness. The nurse prepared some corn-flour for her, and told me that "that was all she ever did, but that the woman was such a Christian it was a refreshment to go and see her and talk to her." We then visited a paralysed woman; nurse lifted her out of bed, and then made it. Gave her a new blanket. A "confinement case" finished her course; but here the nurse did nothing, as the woman's mother had washed both her and the baby before we arrived.'

As it should
not be.

We quote from another of Miss Lees' Reports—made not to this Committee, but to a principal founder and

director of one of the best systems of district nursing in the country, which has, as Miss Lees remarks, done and is doing infinite good in the relief of sickness and suffering, but which is deficient in regular professional supervision and inspection—certain examples of nursing as it ought not to be.

‘In all cases of scarlatina or other fevers that I visited with different nurses, I was much struck with the fact that the nurses did not seem to have the faintest conception of the necessity of disinfecting a room while the patient was ill. They seemed to think that *that* was the duty of the sanitary officers, and could only be carried into effect when the patient was cured, or dead. I visited several convalescents from scarlatina, with nurses, who then proceeded to other cases without having used the very commonest of precautions against carrying infection, such as washing their hands afterwards, not sitting down in the room in which patient is, etc.

Careless of
infection.

‘I will give an instance which struck me particularly. We had just visited a case of spotted typhus, in a house where the whole family—with one exception—were recovering from the same fever, and yet the nurse went straight from this house to one where a mother was nursing her baby!! I went over one district with a nurse who told me that she lived in the same house as the parish doctor, and “found it a great help,” as he kept her up to her work, “and it was a sort of encouragement when anyone who really knew anything about it knew that you did your work well.” This nurse was a thoroughly good hospital surgical nurse, but one who absolutely required strict superintendence. She dressed well various surgical cases, but she forgot to wash her hands afterwards! In one instance she went from a case of erysipelas to another surgical case of crushed foot, and was proceeding to take the bandages off it when I stopped her by the half jesting exclamation, “Oh! you *wicked* woman; remember what you’ve just been doing, and that you have not washed your hands since!’ She laughed and blushed, and asked someone in the room to bring her some water to wash her hands with before she touched the foot, telling them at the same time “the reason why” it was necessary.

‘In another district the nurse from this home, instead of

Deficient
attention.

having her basket filled with things to give away, like most of the other nurses (with the exception of your "hospital surgical nurse," whom I have already mentioned), such as jam, tea, sugar, arrowroot, old linen, etc., had nothing but the things required for "dressings." She dressed a burnt arm, a diseased hip, and a few other cases. But she did not in any one instance—any more than any of the other nurses—make the beds of her patients, or speak to them about cleanliness, fresh air, etc. She said, however, that she sometimes did so, and complained of "the matron's interference" in going round among the people and asking what the nurse had done for them: "Did nurse make your bed?" "Did she wash you?" "Did nurse tidy up your room?" "It makes the poor expect a nurse to do so much for them," my informant naïvely remarked, adding that "as the matron wasn't a trained nurse herself, she didn't know what *nursing* was."

Usurpation
of the
doctor's
functions.

'It would be impossible to give a detailed description of all the cases I visited with different nurses; there is one, however, that I must not omit. I was taken by a nurse to see a man whose hand had been poisoned, but who, as he absolutely refused to go into hospital or to see a doctor, the nurse herself had "treated," and was not a little proud of it! She seemed utterly unaware that the diseased hand, although preserved to the man, could never be of any use to him, and that his whole health had been seriously affected by it. I persuaded her to use her influence to induce her patient to place himself under a good surgeon, telling her that she "ought to have done so from the first, and to have refused 'nursing' him in any way whatever unless he would do so. There was little doubt from his appearance that his whole health was so seriously damaged that it might end in his having to exchange his *life* for his *hand*." She promised to take my advice, and I could not help feeling how much good might be effected if the nurses were under a weekly supervision from some one who had received a higher nursing training than themselves.

Nurses
rather
'above
their work.'

'I noticed that all the nurses who "did" anything for their patients (with one exception) expected to be "waited on" by the patient's friends or relatives; to have water etc. brought them, and taken away again. In fact they acted like young medical men in a hospital, and had rather the same sort of manner. With the exception of two cases I did not see one nurse clean the hair and head of any one

patient. In some cases there was no comb, and in others the nurses appeared to ignore entirely the necessity of *their* doing anything of the kind.'

Your Committee are of opinion, then, that such supervision as they have described is an essential condition of efficient district nursing among the poor. They are also inclined to lay great stress on the importance of co-operation between the doctor—whether of the dispensary or the parish—and the district nurse. At present there is too little of this; in some cases the nurses say that they rarely see the doctor, or 'have not seen him for five years.' Few meet him more than once or twice a year. But the cause does not lie in any indifference on the nurse's part or jealousy on the doctor's, but in the very heavy demands on the latter's time, the hasty and infrequent visits he pays to individual cases, and the difficulty of arranging them beforehand. In many instances the nurse is really the only doctor whom her poor patients have. The desirability of maintaining such a relation has led to a suggestion that dispensary nurses should be substituted for district nurses :—

Communi-
cation with
doctor.

'If one or more thoroughly qualified and professional nurses were attached to every provident dispensary, the want among our sick poor could be supplied by this means better than by any other. All external wounds etc. requiring "dressing" could be done at the dispensary; and in fevers and in other medical cases requiring more decided "nursing care" and attention, in their own homes. The nurse could receive directions from the resident medical officer attached to the dispensary, and then go day by day to the cases needing her care, until she saw that (by example and teaching) she had sufficiently instructed the neighbours or relatives "to nurse aright" the sick patient, and to disinfect everything belonging to the sick-room, to leave him or her in their care alone, giving them only an occasional visit. Linen and other "medical comforts" could be given out from such a dispensary on the order of the doctor alone, the same as medicine and outward applications. He could also supply disinfectants. This

Suggestion
that the
Nurse
should be
connected
with the
dispensary.

most important part of a district nurse's work is utterly ignored by every district nurse I am acquainted with.'

Necessity of
connection
with local
charity.

Your Committee think, however, that the connection of the nurse with a local Lady Superintendent, and through her with those who have the will and the means to relieve the sufferers around them—the emanation of this most important and most personal relief from personal kindness rather than from public charity is too important to be sacrificed even to the connection between nurse and doctor in the manner implied in this suggestion. It must be remembered that the hospital sifts out a large proportion of the cases in which the nurse can only act under the immediate orders of a medical man.

Means, however, should be readily found of rendering services of the District Nurse available for dispensary cases.

Sanitary
instruction.

Finally, it is most desirable that the services of the nurses should be rendered as thoroughly available as possible in respect to sanitary instruction and assistance of such simple kind as can really be rendered to the poor in the homes to which they are at present condemned. In this respect, again, the guidance of a highly qualified supervisor would be invaluable. But it would be well if all nurses received a special course of instruction in sanitary matters, and were taught to look upon it as a necessary part of their work both to disinfect rooms, linen, etc., and to teach the poor themselves how to do so. It would prevent the spread of disease, and also save the poor much of the trouble and annoyance they now have to endure, for they often complain that the sanitary officers generally take *everything* away from them to 'disinfect' on the one day, returning them on the following morning; the miserable convalescents from the fever in the meanwhile having to sleep on the bare boards of their freshly washed and disinfected room, and keep themselves warm as best they could. All this could be avoided, and at small expense, if the nurse, under the sanitary officer's orders, disinfected and instructed the patient's friends to disinfect the room and everything

connected with the patient, throughout the disease as well as at the end of it.

Miss Nightingale has called the attention of your Committee especially to a similar point:—

Miss Nightingale's remarks.

'A general (very sensible) remark in Nurses' Society Reports is, that sick cooking and food is part (or, "but a very small part") of the cure. So also cleanliness, including that of bedding, is a part, and a very large part, of the cure. Diseases born of dirt are constantly mentioned. The food given is reported. Is the cleanliness given reported, and the cleanliness taught? Some of the Bible nurses, we believe, do teach families how to keep clean and how to ventilate, and how to nurse themselves. Others deal only with the cleanliness of the case, and not with that of the house and children. Others not at all with any cleanliness, but are only relief-givers. A most necessary branch of cleanliness—lending bedding, linen, bed-pans, etc. It is almost universally stated that this can't be done, because they are pawned as soon as lent, unless nurse can go every day, and that she can't go every day. Surely this pawning is not irremediable.'

We quote again from Miss Nightingale's notes:—

'What connection between doctor and nurse? this appears nowhere: in no report, though one of the principal duties of nurse is acknowledged to be to prevent doctor's skill and visit from being thrown away, or made almost useless. To report changes in patient to doctor, as ignorant families cannot do. And (what is of at least equal importance) to explain doctor's orders to ignorant families. But how is nurse to do any of this if she is not present at doctor's visit?'

The following very interesting letter sums up nearly all that has been urged on your Committee by the most thoughtful and experienced of the London clergy, and contains some original and valuable suggestions:—

Letter of Rev. S. Hansard.

'ST. MATTHEW, BETHNAL GREEN:

'August 24, 1874.

'The want of trained nurses for the sick poor in my district has been long felt, as the nursing among the poor is generally badly done in the parish of Bethnal Green, as elsewhere, except when the poor come under the charge

Use of Nurses.

*Rev. S.
Hansard.*

of the district nurses of Devonshire Square or of the Devonport Sisters. But even then not much good is done, as the poor are too ignorant or foolish to carry out the instructions of the nurse when she is gone. It is the general ignorance of the poor in such apparently simple matters, and the difficulties of their small dwellings, which make it nearly impossible to have good nursing. There is a nurse at work (not a midwife) in my ecclesiastical district of the parish of St. Matthew, Bethnal Green. I believe that in twelve of the districts of the parish of St. Matthew there is a "nurse" of some kind who works in the parish ; but they are not confined to any one parish or ecclesiastical district ; but excellent women as they are, whatever sensible advice or instructions they give, though listened to with respect, is not the least attended to when their backs are turned.

*Want of
training
and in-
fluence.*

' The nurse at work in my district has not been regularly trained, but she has been many years acting as nurse, and has learnt much from experience ; but I know a great deal more about nursing myself than she does. What is wanting in all these women is—(1) The common sense, as illustrated in Miss Nightingale's "Notes on Nursing," which they all tell you they know all about, but never or seldom act up to it ; (2) The acknowledged authority to command in such matters.

' She is connected with the Devonshire Square Society, called Nursing Sisters' Institute. I think all the above-mentioned districts of the parish have the nurses from the same institution. They are a most useful body, notwithstanding the above remarks. There are no reports published of the society, but at the institute they will give you all the information you require.

*Want of
funds.*

' The funds are provided for the payment of the nurse by the Committee of Ladies in Devonshire Square and the clergyman who employs her. In my own case, my own pocket supplements the grant ; but it is not much that it is necessary to add—3*s.* 6*d.* a week or so. My own pocket and the gifts of friends supply the medical comforts etc. ; mostly my own pocket, which is in a very limited state ; for rich people who have nothing else to do with their surplus cash will delight in sending it to the starving poor, or, in other words, will be fools enough to save the rate-payers and to teach the guardians how to neglect their duty ; but the respectable sick poor, who make no complaint

in the *Daily Telegraph's* sensational articles, have no friend but the parson of the parish. I can give the Committee no reason to expect any aid whatever from my people, as my district of the parish of St. Matthew, Bethnal Green, is all poor; the richest people are small shopkeepers, and they give nothing; the Communion alms do not amount to £12 per annum.

*Rev. S.
Hansard.*

I venture to suggest to the Committee that qualified nurses should be certified by the medical authorities of the nearest hospital, or dispensary, if such dispensary can be relied on, and that the names and addresses of such nurses, and the terms of their engagement, should be kept at the hospital or dispensary, to be had on application. I am decidedly against the establishment of an institution for supplying nurses gratuitously to anyone who pleads poverty. There is a class of poor not actually and legally paupers, but whom I don't want to make legally paupers, to whom alms for all purposes must be given, from the midwife and maternity bag of linen to the funeral. All we can do is, to deal with these poor people in the least degrading way, and with all the judgment of which we are capable. But the difficulty of your proposed institution is, that if you give gratuitous aid of the kind suggested to these poor, how can you avoid giving it to those immediately above them, the class who struggle on with noble independence, many of whom do drop into the class of paupers by well-meant and foolish almsgiving. Then comes the difficulty, that, as with medical so with nursing skill, it is all too high in price for the independent and struggling man I describe to purchase. In medical cases, a man who, after paying his medical practitioner, finds he wants further the skill of the best surgeons or physicians, and cannot pay his guinea fee, gets it gratuitously at the hospital. Lately much has been said about this; and however difficult it is to put even a small fee on existing hospital aid to these members of the working class, I think there is great evil in establishing another institution to supply a great necessity on the entirely gratuitous system for all but the acknowledged rich. Therefore I should suggest that a small fee should be paid by every applicant, exceptions being made only in cases which had been properly investigated. The result would be that the mass of men and women would get the aid by paying their small fee, and not be, or feel, degraded, nor lose their sense of

*Danger of
pauperising
the respect-
able poor.*

*Provident
self-help.*

*Fees should
be required.*

*Rev. S.
Hansard.*

independence and self-reliance, though they might be sure that that fee went but really only a small way towards the payment of the good they get.

*Provident
Medical
Clubs.*

‘As an instance, let me tell you this; there is in the parish of St. Matthew, Bethnal Green, a society of working men to obtain medical aid from the Victoria Park Hospital for diseases of the chest by a small weekly payment of 1*d.* With the money life governorships are bought, and entrusted to the society for the dispensation of letters. There are in the society 23 life governors, each governorship costing £10. There is a similar society in Mile End † with 10 life governors, and in Stepney parish one with 5 life governors. You will see the poorest parish, my own, has the most, and you may easily reckon up the whole sum subscribed by the number of letters distributed. There is a smaller society in my parish connected with the London Hospital.

*General
approval.*

‘In venturing to make this suggestion I beg the noblemen and gentlemen (some of whom know that I am entitled to be heard on this matter, after an experience of a quarter of a century among the working classes, and the poorest classes of London) to excuse me if I have differed with them. My opinion is that an institution such as you propose is most highly in accord with the Spirit of our Lord and Master, and, if planned and conducted with wisdom and philanthropy, will do more than hospitals or any present sanitary machinery of Local Government Boards, or brilliant reports, or locally interested vestrymen and medical officers of health, and to prevent disease, to check its progress, to supplement the efforts and wise advice of the skilled medical men of London, whose learning, skill, and experience are now for the most part thrown away on their poor patients when attended at their own homes.

‘In the confidence that an object so nobly suggested in the Spirit of Him who healed our sickness and carried our infirmities will meet with his blessing,

‘I beg to remain yours faithfully,

‘SEPTIMUS HANSARD,

Rector of Bethnal Green.’

IV.—ACTUAL NURSING IN LONDON.*

It would be beyond the scope of this Report to give a history of nurse-training institutions, or of the various endeavours which have been made from time to time to introduce sick-nursing among the poor. We are immediately concerned only with how much is being done in the way of providing trained Nurses among the poor at home, especially in London, in what manner the work is performed, and in what respects the experience of existing institutions should afford a guide for this Association.

The Institution for Nursing Sisters, Devonshire Square, established in 1840, is the oldest of the kind. It provides at present twenty districts in the City and East of London with a Nurse free of charge, but these women are not trained. The trained Nurses employed by the Institution are, except occasionally, engaged in nursing those who can pay for their services. It is not attached to any hospital, but sends its Nurses to Guy's Hospital.

The well-known Society of St. John's House and Sisterhood, of Norfolk Street, Strand, established in 1848, which undertakes the nursing of King's College and Charing Cross Hospitals, and has done so much for raising the standard of nursing, generally numbers 25 Sisters and 112 Nurses and probationer Nurses. These are all trained in one or the other of these hospitals. Only two of the staff are stated to be regularly employed in district work in London.

It should however be mentioned, that in 1862 the trustees of the Nightingale Fund, by arrangement with St. John's House, and under the direction of the then Lady Superior, established a school at King's College Hospital for midwifery Nurses to be employed among the poor, which after nearly six years existence was closed on sanitary grounds, and that about the same time the 'Parochial Mis-

* Appendices i, ii, iii.

sion Women Association,' also under the auspices of the Society of St. John's House, made provision[§] for supplying trained Nurses as a branch of their work ; but this also has been discontinued.

The British Nursing Association, Cambridge Place Paddington, has latterly undertaken the nursing of the Royal Free Hospital, with the especial view to have the means of training its Nurses. It has a staff of sixty Nurses, but only one is employed in London among the poor. Other prominent institutions connected more or less with nursing are the Sisterhood of All Saints', Margaret Street, which nurses University College Hospital ; the London Diocesan Deaconesses Institution, Burton Crescent and Tavistock Crescent, which has no training school ; the Deaconesses Institution, Mildmay Park, established by the late Rev. W. Pennefather, which is connected with a small hospital at Poplar ; and Dr. Laserson's Hospital and Institution for Deaconesses at Tottenham. The number of district Nurses employed by these and others in London, the period and place of training, and other particulars are mentioned in Appendices I., II., and III. We shall have occasion subsequently to refer to the question of training.

A considerable number of the Nurses of St. John's House, and of the British Nursing Association, as also those of Devonshire Square, are employed, as is well known, in private nursing, and it would seem that want of funds alone has prevented these societies from increasing the number of those who nursed the poor at home.

Number
of London
Nurses.

As to the district nursing work actually done in London and the suburbs at present, we may briefly state that there are about 100 such nurses engaged, here and there, among a population of three-and-a-half millions. It is plain that these can only be as the rare springs in a desert like the Sahara ; and our map, to be found in the Appendix, gives at a glance an idea how very small a proportion of the entire area of metropolitan poverty is touched at all. Of this number of 100, one-third can hardly be said to be trained at all.

One-half the entire number consists of the Bible-women nurses, who receive three months instruction of a more or less perfunctory nature in a general, and one in a lying-in hospital. The small remnant, about one-sixth of the whole, enjoy a training of from three to twelve months ; but the latter term, which your Committee incline to think as short as can be considered sufficient simply to qualify a woman of average intelligence and quickness for her duties, and which is desirable for even those whose capacity for learning must be regarded as exceptional, is very rarely exacted or obtained.

The most extensive organisation of district nursing amongst the poor in their own homes in London is that of the Bible and Domestic Female Mission, 13 Hunter Street, of which Mrs. Ranyard is the head. A body of Bible-women have been at work in the metropolis for upwards of seventeen years, and the Bible-women nurses form the branch of the original institution, arising from the need which the Bible-women found to exist in their visitation from house to house. The experiment has been tried now for the space of seven years with success. We propose, in describing what is being done, to quote very fully from a work that has recently been published by Mrs. Ranyard on the subject, entitled, 'Nurses for the Needy ; or, Bible-women Nurses in the Homes of the London Poor.'*

Bible and
Domestic
Female
Mission.

Mrs. Ran-
yard.

' In every poor street there are some diseased and infirm people needing the help they cannot give themselves or secure from others. They comprise a multitude in our great city who cannot be received into the wards of either workhouse or hospital ; there is not space for them. In the early stages of their illness they have probably been taken to some hospital or infirmary, but in a few months have been discharged incurable. Cases of paralysis, of rheumatism, of asthma, of consumption, of cancer, and of scrofula in its many forms, are constantly treated thus. In our visitation from house to house, we are constantly distressed with the scalds, burns, broken limbs, and emaciated forms of the little ones. The mere administration of food as

Objects of
charity.

* Appendix xi.

relief is a very small part of their (the nurses') duty. They have constantly to fight with disease born of dirt and neglect. The poor in their one room seldom need a person watching with them all day, and they cannot afford to feed her; but they *do* want the mercy of the skilled hand, that can cleanse and dress their wounds, refresh the bed on which they lie so wearily, and supply the clean linen.'

Another Home was established '*not* of residence for the nurses but to provide for them needful supplies and directions, while they themselves live out in the world's great hospital (like the Bible-women) and are devoted, without exception, to the *gratuitous* nursing of the very poor.'

As to the kind of nurses wanted Mrs. Ranyard says:—

Character of
Bible-women
Nurses.

'We seek first a godly woman unencumbered, if possible, with family cares of her own, and yet having a motherly and missionary heart. We employ her first in Bible work for three months amongst the lowest poor. Next, of course, comes hospital training. She must reckon no service that is needful distasteful, and learn to perform all that is required in Miss Nightingale's list of duties; and although a far longer probation is considered requisite for a nurse in hospital, still the *fit woman* who goes with a mind to learn all she can will pick up much useful knowledge in three months; quite as much as *we* have found required for our purpose, and will then often be able to teach the poor in various ways how to nurse themselves, which is by no means an unimportant part of her duty.

Their
training.

'To her training in the surgical and medical wards we add that of passing three or four weeks in a lying-in hospital; and even after that we cannot feel full confidence in a nurse till we have proved her by her practice in our Bible districts, for the women themselves often say that they learn in the first six weeks after they begin their out-door work *more* than they ever learned in the hospital; and still the hospital is the indispensable preparation.

'Miss Nightingale says that nearly every nation is before England in this matter, viz. in providing for the sick at home. She also says—"One of the chief uses of a hospital, though almost entirely neglected up to the present time, is to train the nurses for nursing the sick at home."

Lady Super-
intendent.

'The Lady Superintendent should always take the opportunity to place the nurse in right relation to local medical

advice. We want a lady who can really interest herself, spiritually and temporally in every case that comes under the nurse's care, and one who can either provide or collect *locally* the supplies that will be needed in nursing.

'Nurses had need be strong women and of nearly middle age. They have sometimes to sling a light tin basin round their waist, and contrive to take all they want with them ready to hand which will be lacking in the poor man's home: thimble, thread, needles, pins, knife, and scissors. She can never expect to find everything to her hand as in an hospital.

'Our Bible-women to the number of 200 are now spread over all the Postal Districts of London, and our nurses are following in their wake as fast and as far as our means allow; there are no women more really wanted at this time in London, and in all large towns, than Bible-women nurses, if we may judge by letters we are constantly receiving.

'If we require from her full day-service, and often ask it late and early, rendered with good-will, we find it best to let our nurse, in needful cases, select her own night substitute; while we pay a shilling a night if that service cannot be voluntary.

Day and
Night
Nurses.

'This kind of Bible and nurse work ought never to be thought of as in any sense a refuge for the destitute!—as paid employment for a worn-out and poor dependent, or as offering a situation for a sorrowful widow who wishes to remain with her young children. It is a really laborious undertaking; it needs health and strength and fitness, much love and sympathy for the poor, and unencumbered energies.

'It was found impossible to count upon the regular voluntary assistance of ladies for every one of the districts, and hence by degrees an *intermediate* oversight arose of about sixteen paid and capable Superintendents of various departments, who could be selected for their fitness and faculty, and be held in unbroken communication with the central office. About forty-five districts are regularly under their care, for which we have no Superintending Ladies.

Pioneers

'We should not say so much about the Bible Mission in this Manual if we did not wish the reader to rise from its perusal with a conviction that it is a training in this first Mission that makes these nurses what they prove themselves to be in the second department.

'During our first seven years we have only been able to

train our "Nurses for the Needy" in *one* of our great London hospitals, which we owe to the good offices of the presiding Committee of the British Nursing Association.'

Private
Nursing v.
District.

It may be stated generally that many of the institutions for the supply of nurses for private work must, of course, be able to compete with very great success for the services of such nurses as can be obtained. Some Societies which began with a special regard to district nursing have gradually declined into private work. They offer as a rule a higher remuneration, and the nurses being employed continually in houses where comfort, and in many instances luxury, prevails, it can be no matter of surprise that comparatively few institutions can successfully combine the two sorts of employment. And it is still rarer to find a nurse who, with occasional chances of attending to patients of a wealthier class, can change her occupation so far as to do the harder duties of nursing the sick poor amidst the squalor and misery of multitudes of London 'homes,' where every sense is offended, and some where every high principle is unknown. The vicious as well as the virtuous require to be nursed.

East London
Nursing
Society.

The plan of the East London Nursing Society* is to find some lady of means, willing to undertake two duties—first to provide the funds necessary to lodge a district nurse and provide medical comforts etc. for the sick ; secondly, to act as superintendent and counsellor of the nurse when settled in the district to which she may be appointed. The Society then takes up the position of providing a suitable trained nurse—her wages and great part of her dress, who, with others, is under the constant supervision of a trained matron, who visits the patients from time to time with the nurse, advises with her as to the various cases, and gives directions.

Earnestness
of Nurses.

It may be worth remarking, as illustrating the interest, almost enthusiasm, of some of the nurses, that the matron has stated that one of the most difficult duties she had

* Appendix ix.

to perform was to get the nurse to leave the patients she had the care of, and take the needful annual holiday for the benefit of her own health.

The work of this Society began in 1868, and though the nurses' home has been given up, and each nurse now lives in lodgings provided for her in the district where she is employed, the latest report of the society speaks with confidence of the good that is done, and very hopefully as to its ability to find fit persons for the office of nurse. Their great difficulty is to obtain funds to maintain and extend the work. The report says: 'It is not the difficulty of finding fit persons, nor of training them well. Careful, patient enquiry will find women well fitted for the office, who will give not their time only but their hearts to the work.' Though only nursing seven districts now, the committee are quite ready to extend the work if means are provided.

Let us notice another Society, the Sisters of the Poor at St. Michael's, Shoreditch. They nurse in that district only. They have a hospital there and a home in the country for convalescents. Other and more extensive work is proposed. The system of relief to the poor is on a considerable scale, besides the daily comforts provided for the sick. Six sisters of the number are engaged continually in nursing work, but fifteen is the number of the staff. The vicar has the greatest possible confidence in the country hospital. He says: 'I have lived seven years in Shoreditch, and ought to know something of the efficiency of the various instrumentalities that exist in my parish for the general amelioration of my people. And of all the machines that are at work, I know of none that does so much good to my poor people, physically, morally, and I might also add spiritually, as the Sisters' country hospital.' This, when completed as it is intended, will be a structure of considerable size, and possibly cost £25,000. In the work done it is the aim of the sisters to work out the problem of 'relieving without pauperising—how to be charitable without provoking imposture.'

Sisters of
the Poor.

The Superior has had some years' training; the sisters under her obtain theirs in their own hospital.

Roman
Catholic
Sisters.

There are also several Roman Catholic institutions which do more or less nursing among the poor; by no means confining themselves entirely to their own people, but in the natural course of things chiefly engaged among these. There are the Sœurs de Bon Secours, in Bayswater: French, and wholly without hospital training; another Society under the same name, located at Haverstock Hill, and the only one which undertakes to nurse the poor in their own homes; the Sisters of St. Vincent de Paul, connected with the French hospital and dispensary in Lisle Street, Leicester Square: hospital-taught. There are two Roman Catholic Sisterhoods in Hammersmith, each with about twenty-five sisters; but one of these confines its attention to the sick in their own hospital. They have neither of them any other hospital training, properly so called. All these institutions do more visiting than nursing, and we have not reckoned them among the nurses of London.

Nursing
Sisterhoods.

As we have made no other direct reference to the work of Nursing Sisterhoods in London, whatever may be thought of their ecclesiastical aspect, we are bound to say the duty they do and the self-sacrifice it involves are features that claim notice and often compel admiration.

Miss
Sellon's.

Referring to one of these communities, Dr. Henry G. Sutton, in his report to the Privy Council on the cholera of 1866, as studied in Miss Sellon's East London Cholera Hospital, into which 250 cases of Asiatic cholera, and 114 cases of diarrhœa were admitted, says:—

‘Owing to Miss Sellon's most excellent management of the hospital, I was enabled to procure most accurate details of what passed in the wards. My custom was to dictate at the bedside an account of the patient's symptoms, which the sister in charge of the ward wrote down on the patient's letter; this was done usually three or four times a day. The sisters soon learned to recognise the different symptoms of the disease, and their education, talent, and well-trained minds proved of the greatest assistance to me in

collecting these records of the cases.' Towards the close of the report, he adds: 'I would here beg to acknowledge my many great obligations to the ladies known as the Plymouth Sisters, who had charge of the wards of the cholera hospital. Their devotion to the many poor sufferers, and their love for their fellow-creatures, as shown by their self-sacrifice, needs no comment. . . . Their services in the wards of the hospital, quite independently of their duties in superintending the nurses, deserve the warmest acknowledgments from me. Many records of cases in my possession show clearly how much their intelligence, patience, and trustworthy help can be of the greatest service to the physician while he is doing clinical work.' The Rev. Septimus Hansard writes also in similar terms testifying to the importance of the work they did.

This quotation is not made invidiously, for others that could be named also gave invaluable aid, but simply as authentic evidence of the sort of work performed by similar bodies in such emergencies. Generally it may be said of the Sisterhoods that many districts have no other nurses amongst the sick poor, and can get none. Several of the Sisterhoods build and maintain hospitals and convalescent homes. St. Peter's Home and Sisterhood at Kilburn have a hospital with about seventy beds for women and children. A portion of the work of the Sisterhood of St. John Baptist at Pimlico is the maintenance of a 'hostel' for aged poor. Not to particularise, all the institutions or Sisterhoods numbered 8, 10, 11, 12, 13, and 16 in Appendix No. 1 have hospitals. That belonging to the Sisters of the Poor will, when finished, be on a very extensive scale. The Sisters of St. Saviour's, before referred to, have a hospital for cancer in Osnaburgh Street, and Miss Sellon, the Head, has two others at Ascot available for emergencies. Connected with the All Saints' Home, Margaret Street, is the well-known Convalescent Hospital at Eastbourne.

Hospitals of
the Sister-
hoods.

If London were again visited by an epidemic the hospitals would not be able to supply the requisite number of nurses; and, as on former occasions, we should have to rely largely on the help which these Sisterhoods have ever been willing to give, and which it would be difficult to over-rate.

V.—HOSPITALS AND TRAINING SCHOOLS.

London
Hospitals.

One of the most important topics of enquiry referred to the Sub-Committee related to the professional Training of Nurses: by no means the least grave or least valuable of the functions undertaken by the Association, being, in fact, the necessary preliminary and fundamental basis of all the rest. This reference imposed upon the Sub-Committee the duty of a careful investigation of the opportunities for such training afforded by the London Hospitals, on some or all of which it is obvious that the Association must rely for co-operation in this primary portion of its work. In order that the spirit and purpose of the following remarks may be fairly understood, it is well to explain what was the problem that had to be solved. There are two possible ways in which the Association might contribute to the Training of Nurses, and procure a continuous supply for its requirements. It might establish a Training School of its own in connection with some London Hospital, obtaining, by arrangement with the Hospital authorities, the general control of the nursing, and assistance in the education of probationers, as has been done at Liverpool by the District Nursing Association; at St. Thomas's, by the Trustees of the Nightingale Fund, and in other instances. By so doing it would really and clearly fulfil the office it has proposed to itself as a Training Institution. Or it might simply obtain leave to send so many pupils into a certain number of hospitals under their existing arrangements, foregoing all responsibility for the method, and losing much of its control over the results of the teaching, but securing a regular supply of Nurses trained up to the standard at present attained in the several hospitals. The former is obviously the better plan—that which affords to the Association the greater freedom of action, and the wider sphere of utility; which enables it to bear a part in

Alterations
open to the
Association.

elevating the standard and improving the method of Nurse-training, and raising the character of the profession. But this plan would require a considerable fund to begin with, and a regular annual income independently of that requisite for the district nursing itself. It was, therefore the duty of the Sub-Committee to study the practicability of both methods. And the result of their enquiries is briefly this—that the former would attain the purpose in hand, and the latter would not ; that there is no hospital in London available and suitable for such an object. St. Thomas's is about the only one which possesses in all respects the necessary qualifications, and St. Thomas's is fully occupied already.

Before we can conscientiously send young women to be trained in any given hospital as a model training-school we must be satisfied that the disciplinary arrangements and provisions for strict *female* control and superintendence are such as to give them that protection, and enforce upon them that conduct, which are necessary to their moral security. Before we can accept the place as one fit for a Nursing School we must be satisfied that its construction, appliances, ventilation, and so forth are of a kind to create in the mind of a Nurse there trained a fitting standard of what the provisions for the care of the sick *ought to be*—a standard to be borne in her thoughts throughout her future work, as that towards which she should endeavour as far as possible to approximate. Failing this, we only increase the number of professional Nurses with an imperfect knowledge and a low conception of one of the most important parts of their profession. And before we can take passed pupils from any hospital as competent Nurses, employ them and recognise them as such, we must be satisfied that they have received a sufficient practical and theoretical education, have been so trained in the wards, so practised at the bedside, so instructed in the principles of their profession by thoroughly competent teachers, as to be fit for duties much more onerous and difficult than those of the ordinary Hos-

Conditions
of Hospital
Training
School.

pital Nurse, who has a superior always watching over her, and a doctor ever within call.

Defects of
Hospitals.

We know of no available hospital which, under its existing arrangements in regard to accommodation, discipline, and provision for the systematic instruction of nurses, fulfils at once each and all of these indispensable conditions. Some fail in one, some in another. And we are compelled to advise the Association that its purpose is not to be attained by sending young women into the hospitals, as they can find room, to be trained under actual usages and organisation.

Arrange-
ments for a
Training
School.

Additional good training schools, in hospitals well organised for the purpose, are among the great wants of London ; and we hardly see how any other source could supply the class of nurses required for the proper fulfilment of the other purposes of the Association, and one of their first objects should be the establishment of at least one such model school. It would, of course, be indispensable to the establishment of such a school to obtain by arrangement with the governing powers of a London hospital complete charge of the nursing therein ; and that hospital must be one possessing, or able and willing to provide, or to allow to be provided, all necessary arrangements, not only for the proper care of the patients, but for the suitable accommodation and supervision of the nurses and probationers. Some of the hospitals in their present state are unfitted for the establishment of such Nursing Schools by defects in their character as hospitals, by such bad ventilation, such insufficient appliances for the comfort and health of the patients, as render them utterly unfit places for teaching how the sick ought to be nursed and cared for. Nurses should see in the hospital what ought to be the exemplification in perfection of the conditions to which, as far as possible, they should endeavour to make the arrangements of the private sick-room and their work therein conform. Therefore you cannot conveniently train nurses in a hospital where water-closets, drainage, lavatories,

Conditions
wanting.

and baths are quite inadequate or ill-constructed, or where there is no proper day-room, no well-arranged scullery for the nurses to wash up, and an insufficient supply of water. One hospital, where much pains has been taken with the nursing, exemplifies many of the most serious defects in construction. There is no scullery attached to the wards, no hot water supply, and no bath room; *one* bath, on wheels, being kept for the use of every *six* wards! There is but one w.c. in each ward, divided from the ward itself by a thin partition. In this w.c. all bed-pans, chamber utensils, &c. have to be emptied; and, there being no water-tap for the purpose, water to rinse them out must be carried in by the nurse. It is needless to indicate the inconvenience, trouble, and impropriety of such an arrangement generally, or the peculiar objections to it in the male wards. Here, as in other hospitals, the use of metal (tin or zinc, painted or otherwise) as the material of bed-pans, washing-basins, and similar utensils renders absolutely impossible that perfect cleanliness so necessary in relation to all that passes from a sick person, by the skin or otherwise. No adequate care is taken to disinfect linen, utensils, &c. used by patients suffering from fever or other contagious disease; and direct mischief is done, as well as a bad example given to nurses trained under such conditions, by the lack of covers to utensils, by keeping them under the beds, by carrying open bed-pans with their contents through the wards, and similar unwholesome and slovenly practices.

In other cases defective arrangements as regards the comfort and convenience, the discipline and control of the nurses, unfit particular hospitals, as at present conducted, for training-schools. It is essential that the female staff should be entirely subordinate to a female head superior to themselves in training, experience, and professional knowledge, and invested with full powers; and that the medical staff should be able and willing to give special instruction to the nurses under training, both by the

bedside and otherwise. It would be invidious and not in our province to particularise the arrangements of each individual hospital. In some the defects inseparable from their structure, for which the present generation is not responsible; in some the defective arrangements for moral supervision, in others the want of active and effective training, mar the other qualities which might make them seem at first sight satisfactory nurse-schools.

Situation of
existing
Hospitals.

It should also be noted that many of the existing Hospitals are at present fully occupied with the demand made upon them. *Middlesex* receives only five or six pupil-nurses (of whom four are ladies), in addition to those who are being trained for their own staff. The Superintendent of the *London Hospital* stated 'that they do not receive any probationers except for their own service.' *St. George's* states that they have not sufficient accommodation or 'cases' to train a larger number of probationers than are needed for their own use. *University College* admits six pupil-nurses to train for other institutions; they are unable to lodge them in the hospital. They are usually fully engaged for institutions and individuals who are in regular communication with them. Both at King's College and Charing Cross we find that they appear to have more probationers 'in training' than the number of patients can well afford scope for. The authorities of St. John's House, however, have expressed their willingness at all times to receive pupils on payment. *Westminster* is at present fully occupied with the supply for its own staff and for private nursing. The Society of St. John's House and Sisterhood, at King's College and Charing Cross; the Sisterhood of All Saints, Margaret Street, at University College; the British Nursing Association, at the Royal Free Hospital, have, under arrangement with the Governors of those respective Hospitals, established such an organisation of the nursing as leaves little to be desired so far as regards the personal treatment of the patients and the moral and religious tone of the nurses. *Middlesex*, and more recently *St. George's*,

have done much in the same direction, without the aid of any outside Association.

The British Nursing Association in the training of its Nurses has endeavoured to follow as closely as circumstances would admit the regulations and general scheme of the Nightingale Fund Training School at St. Thomas's.

Westminster Hospital has quite recently re-organised its nursing staff, and connected with it a training school for nurses. Guy's Hospital has introduced great improvements in the position of its nurses.

The London Hospital is now providing additional accommodation for its nursing staff.

We have no doubt that, when once their attention is directed to their several alleged shortcomings, most Hospitals, with the increased enlightenment and earnest desire for improvement brought to bear on them by many sincere reformers, medical and lay, can do much, and will do much, to correct what they may find to be amiss, even where their present arrangements are least satisfactory. We feel confident that more than one hospital, to which we might hesitate to send pupils under its present system of training and supervision, would be willing to enter into such agreements with the Association as have been made with other nursing institutes, and to modify either the whole or a part of their defective structures and appliances in accordance with well-founded representations. Of course it is necessary that the unity of authority should be maintained, at the same time that the principle of making the head of the training-school also matron of the hospital, with full and sole power over the engagement, dismissal, and discipline of nurses and probationers, is strictly carried out. The nurses must obey the doctor's directions, as in any hospital under the old system; only the complaint of disobedience will be preferred to the female chief, and the remedy applied by her. The hospital authorities will remain supreme over everything, but they will control the nursing of the hospital through the matron, holding her

Possible
Arrange-
ments.

Unity of
Control.

responsible for its efficiency, and demanding account of her results, but not of her methods.* A careful perusal of Miss Nightingale's recommendations (App. p. 90) will probably dispel all uneasiness on the score of an *imperium in imperio*.

Medical
Students.

In the opinion of some women of great experience and knowledge the presence of a medical school attached to the hospital is of great importance in the education of nurses. The annoyances and trials of temper which their relations with the students entail constitute a useful and necessary part of the moral discipline, and the dangers and temptations which attend them prepare the pupils for those which they will meet with in the course of their professional duties.

The Sub-Committee have to express their earnest thanks to the Directors of Nursing Institutions, the Clergy and Medical Officers of London, the Governors and officers of Hospitals, and others, from whom they have received the fullest information and the most zealous assistance, and to whom they owe a debt of gratitude for the multitude of facts and the results of a large experience, on which they have been enabled to base their Report.

The bulk of that information, of whose mass and minuteness this summary gives no idea, has been collected by the indefatigable exertions and searching enquiries of Mr. Guyton. To the practical knowledge and personal visits of Miss Lees the Sub-Committee are indebted for a quantity of facts respecting the condition of hospitals and the actual working of nursing-systems in London and elsewhere, which are imperfectly represented in these pages.

VI.—CONCLUSIONS.

The principal conclusions at which your Committee has arrived may be briefly stated as follows:—

* It may be worth consideration whether one of the new Workhouse Infirmarys or Sick Asylums might not be available for the purposes of the Association.

I. That there exist only two organisations in London which have succeeded in employing trained nurses in nursing the poor in their own homes to any considerable extent—the Bible and Domestic Female Mission, which, as a corollary to its general religious work, employs fifty-two Bible-women-nurses (chiefly in care of chronic cases and monthly nursing), and the East London Nursing Society, which has seven district nurses at work in general nursing. There are about 100 nurses employed in such work in London, but of these one-third are untrained, and can be of little service except in the administration of nourishment, medical comforts, and general relief to the sick poor.

London District Nursing Societies.

II. That the hospitals, as, nurse-training schools, do not, under their existing arrangements, afford such means of training Nurses for the sick poor at home as ought to satisfy the requirements of this Association.

III. That the present system of district nursing is open to grave objections. It has done infinite good, and relieved incalculable suffering; but it has a tendency to degenerate into mere distribution of relief, and that not always well-regulated.

Faults of actual district nursing.

IV. The chief faults observed in the operation of that system are—

1. Too much relief and too little nursing.
2. Too little control and direction, and consequent lapses into slovenliness and neglect, sometimes dangerous to the very lives of her patients, on the part of the nurse.
3. Too little supervision or discrimination as to the class of cases to be allotted to the nurse, and consequent neglect of some and danger to others.
4. Too little communication between the nurse and the doctor. Very often, indeed, the doctor does not attend the nurse's patients, and she becomes their doctor rather than their nurse, and when the doctor does attend the nurse is as often absent as present.

5. Too little instruction given to the patient's friends and family in regard to the care of the sufferer, to ventilation, cleanliness, disinfecting, etc.

Professional supervision.

V. Wherever the two former of these tendencies have been checked, it has been by professional supervision, by placing the nurses under the inspection and superintendence of a visitor or directress, who is herself a nurse of higher professional and general qualifications ; and such supervision appears to be an essential part of any general scheme for the organisation of district nursing.

Relations with the doctor.

VI. Communication with the doctor is a matter of local arrangement, which must vary according to the circumstances of different localities and cases. In many instances, especially chronic ailments, no doctor attends ; in others he attends hastily, as and when he can, and does not choose to fix his visit beforehand. The evil may be diminished, but is not likely to be wholly cured.

Influence of supervisors.

VII. The introduction of a higher class of nurses as supervisors would no doubt lead both to greater diligence in pressing necessary advice on the families of the poor, and greater willingness on their part to attend to it.

Check on relief needful.

VIII. Some check should be imposed on the granting of relief, giving out of medical comforts and nourishment, etc. by the nurse. The lady or ladies who in general, as at Liverpool, undertake the local charge of each district, and supply or collect the funds, are the proper persons to regulate this outlay. But while the nurse is the cook and caterer, as well as the recommender, the actual distribution falls almost as a matter of course into her hands, and the ladies simply sanction and supply her requisitions. To forbid the nurse to administer nourishment is to take away a most important part of her functions, but it would certainly seem that she ought never to be allowed to distribute food except in those cases where she actually makes it and administers it herself, and that some other agency should be employed for this purpose. Of course the nurse would report the cases needing relief, the kind and quality required, with all other

details, but the decision and actual donation should be taken out of her hands as far as possible.

IX. It will probably be found necessary to retain the system which assigns to each nurse and district a Lady Superintendent interested in her work and finding the funds necessary, the nurse's salary excepted.

District Lady Superintendent should be retained.

In order to avoid imposition and pauperising influence on the poor, many Lady Superintendents have found it indispensable to resort to means of enquiring into the position and circumstances of applicants for nursing relief other than they themselves can employ—one of the best agencies for this purpose in London being the Charity Organisation Society.

Local difficulties.

X. It is one of the points to be observed that while the parochial clergy of poor districts are intensely anxious to obtain for their people the services of a district nurse, many of them speak doubtfully of the possibility of finding funds to provide her a lodging and the accessories of her professional work, medical comforts and necessities etc. for her sick, and not a few at once declare it to be impossible. The entire population consists of the very poor, and the means to sustain a new charity are not to be found. On the other hand, if the charity be turned into a co-operative form of self-help, if the nurse be connected with a provident dispensary, for example, among such a population, would it not be probable that the demands made on her services by those who 'have paid for them' will be more than she can meet, leaving no strength or leisure for the neediest of all, who can pay nothing?

Very poor districts.

XI. The principal features of the scheme which most commends itself to the judgment of your Committee are as follows:—

Scheme recommended.

A training-school in close connection with a hospital, on the principle of the Nightingale School at St. Thomas's, and under the regulations suggested by the trustees of that school in the paper reprinted in Appendix vii.

A District Home in the vicinity of the hospital, inha-

bited by four or six nurses under charge of a Superintendent (responsible to the head of the training-schools), which would take in hand the district nursing of the region immediately surrounding it, and in which the trained nurses might serve an apprenticeship to district nursing : in fact, a Model Group of Nursing Districts.

The supply of nurses to other districts, in connection with religious or charitable organisations or individuals willing to be responsible for the expenses other than the nurse's salary, and to accept the general regulations laid down from time to time by the Association.

Provision either for the combination of four or more such districts into a group under a professional Superintendent, or for their regular inspection by an experienced lady-nurse reporting both to the local employers and to this Association.

A year's training should be given in the hospital, and from three months upwards in the original District Home.

Nurses who have passed satisfactorily through this training should be entered on the register of the Association—a privilege which it would be dangerous to extend to any whose qualifications have not been so tested. The form in which the sanction of the Association shall be given to these Nurses will have to be very carefully considered.

Lady Pupils.

XII. In the training-school, another class of pupils besides the ordinary nurses might be admitted. It is highly desirable to encourage, wherever and by whatever means it may be possible, arrangements by which ladies paying for their education should receive a high professional training as nurses of a superior grade. And it is only among such a class that a sufficiency of Supervisors could be found to render a widely spread district nursing organisation really efficient. At present some hospitals admit paying pupils among their probationers. Might not the same be done by the proposed school ; separate provision being made for the personal accommodation of this class

of pupils, and arrangements entered into to secure to them a longer and more varied training and a higher theoretical instruction than can be given to or could generally be received by the twelve months' probationer-nurses?

XIII. The entire control of the training-school and of the nursing of the hospital to which it may be attached must be under one female head, responsible to the Association on the one hand for the school, to the hospital on the other for the efficiency of the nursing, but with absolute power, subject to that responsibility, of selection and dismissal. It is impossible to seek too anxiously a person qualified for such a position or to insist on higher qualifications than are needed. Upon her will, in fact, depend the success or failure of the training-school, and the training-school is the centre and foundation of the entire scheme. All experience tends to prove, all authorities agree that the plan of a home for pupil-nurses external to the hospital, and under a chief who is not the head of the nursing staff of the latter, is unsound and contains the seeds of disaster from the beginning.

Absolute powers of chief of school.

XIV. To obtain payment for the nurses' services from patients would, in very many cases, be most desirable, and would, it is believed, promote the employment of the nurse by a large class above the very poor, who are quite as deserving and equally unable to procure such aid. This might be done either through the machinery of a Provident Dispensary, or even by a direct charge to be made, in such cases, under regulations to be laid down by the local committee for the guidance of the Superintendent. This must, however, be very carefully guarded. Nearly all the poor could (with patience and counsel) be induced to find themselves able to make payments to a Provident Dispensary. But there is always danger of *paying* patients superseding *non-paying* patients or those unable to pay directly.

Payment for Nurse's service.

XV. Should the means fail at the outset of establish-

Alternative course.

ing such a Hospital Training-School, as above mentioned, the alternative would be to make arrangements with such of the existing hospital or hospitals as contain the best organisation for the purpose, and having obtained a sufficient number of trained nurses, to establish a model district Nurses' Home under the charge of a trained Superintendent. In this case the first step to be taken would be to appoint a Superintendent duly qualified as a trained nurse, and experienced in the management of a nursing staff. It is possible that a sufficient number of already trained nurses might be obtained to enable her at once to commence the district home and school on a small scale ; but even if that were not feasible, she would be well employed in selecting qualified women for training in the hospitals, and during their period of training in herself gaining experience of district work.

Monthly
Nursing.

XVI. The want of skilled midwifery (monthly) nurses among the poor is quite as much felt as the want of ordinary sick nurses, and probably to train and provide such nurses would be conferring, on the whole, greater benefit upon the poor, but the means of training in this special department would appear to be even more difficult of attainment. Undoubtedly district nurses should possess some knowledge of the treatment of women after their confinements and of their infants, and it would be very desirable if this could be imparted to them during their course of training. It would, however, be no improvement on the existing state of things, as regards the deficiency in the supply of skilled midwifery nurses, to allow nurses who had but a slight acquaintance with midwifery practice, such, for instance, as would be obtained after a few weeks' sojourn in a lying-in hospital, to take the place of midwives.

Actual experience conclusively shows the dangers that attend an attempt to combine midwifery with ordinary nursing, except under very strict regulation, and the necessity of care to restrain the nurses from acting as midwives.

This is a branch of the subject of nursing for the poor which must be dealt with separately.

XVII. A provision for nurses in old age, or when disabled by the sickness or infirmities to which they are peculiarly liable, is a matter not perhaps of immediate, but of very great moment. Several endeavours in this direction have been more or less successfully made, and it would be well that the Association should arrange to provide in that way for its superannuated or disabled nurses.

XVIII. It will be desirable, when the plans of the Association are fully matured, to establish relations with, and probably to invite the co-operation of, the Local Government Board.

The following remarks on the duties and remuneration of Nurses, by Dr. Steele, Resident Medical Superintendent of Guy's, deserve attentive consideration:—

‘One of the main questions bearing on the future of nursing, especially as regards the public service, is that relating to the separation of nursing from ordinary household duties. It has been the custom of late years in most nurse-training establishments, but not in all, to relieve the nurse of all extraneous work not strictly speaking within her province, and to restrict her rigidly to waiting on her patients. At first sight this would appear to be the true and only way of solving the question; but there are also numerous reasons why a nurse, and especially a nurse in the public service, should take upon herself, or be required to perform, a considerable share of household work. The class from which the main body of nurses is derived is the industrial, women accustomed to labour in households, mothers and daughters of the poor, who are probably experts in this kind of work before they take service in nursing institutions. To relieve them entirely of domestic occupation, and to delegate it to a staff of persons who have no personal motive in it beyond their pay, is, to say the least, inexpedient, as circumstances must frequently

occur where it is absolutely necessary that the nurse must perform these duties, and it requires little experience to know that they will be done very unsatisfactorily, or with a very bad grace. To meet a wish generally expressed, with the object, no doubt, of improving the position of the nurse, a staff of charwomen are admitted at occasional intervals into many hospitals for the purpose of cleaning the floors and ward furniture, and it may be necessary, ere long, to consider thoughtfully the social condition of this class, the members of which, as a rule, belong to a very low stratum of society. Among the poor, in what is termed domiciliary nursing, it seems essentially necessary that the nurse should either do the work herself or instruct the members of the family how to do it, and we have seen that in some institutions, particularly Mrs. Ranyard's and the Deaconesses', at Tottenham, the nurses and sisters are employed in double capacities. In many London, and in most provincial hospitals also, the domestic work is still performed by the nurses or assistant-nurses. On the other hand, the removal of what are usually termed menial duties induces many to join the work who would otherwise be repelled from undertaking it, and the supply is not so abundant as to afford much room for selection. There is no doubt also that much manual labour associated with nursing has a tendency to deprive the nurse of that independent position she ought to have in the eyes of her patient, as well as to interfere materially with the clean and becoming appearance which it should be her ambition to maintain. All things considered, it would appear better for public institutions generally that the nurse should be relieved of the heavier work of scrubbing floors and carrying burdens, but that all ordinary work, such as sweeping, washing up, and cleaning stoves, should be considered as within the province of her duties. Another question closely associated with the last is the important one of remuneration.

The main authorities of these establishments, however, agree, and in doing so they only reiterate the opinion of others engaged in the employment of nurses in other spheres, that unless the remuneration offered is at least equal to that of the private nurse, there is small likelihood either of the standard of efficiency being maintained or of the supply of the raw material being kept up. The wages of domestic servants, from which class nurses are mainly recruited, have of late years increased with the general rise

in wages in all branches of industry ; and it is only just that the trained nurse, whose character for efficiency is guaranteed, should participate in the universal gain. In this matter the directors of nursing institutions generally have done good service by establishing a fair system of remuneration, increasing with length of experience, to their *employées*, without losing sight of the beneficial influence of those who join from higher motives.*

In concluding their Report the Sub-Committee desire to repeat that it aims at establishing a standard for District Nurses and Nursing which may be applied by the Association not to London only, but eventually to all England ; perhaps ultimately to the United Kingdom.

They hope that the Association will be in communication with all the county hospitals ; and with and through these will raise a truly National Organization which will one day reach every district, and bring it help in the way best fitted to its needs. The information collected in the Report and Appendices cannot but be of practical service everywhere ; for the evils with which it deals exist everywhere in some degree and to some extent.

They do not feel called upon to discuss the general question of a complete Medical and Surgical Education for Women, nor to consider what, if any, place there may be for female medical practitioners in our complex civilisation. But in the great work to which their attention has been directed—that work of Nursing, which is the necessary complement of the medical profession, and which is indisputably women's work—there is need and room for thousands of women of almost every grade of culture, and a field of unoccupied labour in which only women can work, and where the mightiest energies of the best, bravest, and most clever and cultivated women will find abundant scope.

* See Table of Wages, Appendix xii.

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NAME OF INSTITUTION IN LONDON SUPPLYING NURSES, NUMBER EMPLOYED IN DISTRICT WORK,
PERIOD AND PLACE OF TRAINING, NUMBER OF NURSES EMPLOYED BY EACH INSTITUTION.

Reference- No.	Institutions in London supplying Nurses	Nurses Employed in District work in London	Period of Training	Place where Trained	Full Staff of Institution.	Remarks
1	East London Nursing Society	7	1 year .	London Hospital .	7	
2	Sisters of St. Saviour's .	4	4 months .	London Hospital, &c. .	14	
3	St. Peter's Home and Sisterhood	3	3 months .	St. George's and own	25	
4	British Nursing Association .	1	1 year .	Royal Free &c. .	60	
5	St. John's House and Sisterhood	2	1 year .	King's and Charing Cross	112	
6	Mackenzie Nurses' Home .	2	Not stated		5	
7	National Association for Pro- viding Nurses for Sick Poor }	1	1 year .	Westminster		{ Nurse sent to a district if 21s. weekly guaranteed. { The number, 57, includes 5 in training and 4 Pioneers .
8	Mildmay Park Nursing Instit. .	1	6 or 7 months .	Guy's, Poplar, &c.	52	
9	Bible Women's Mission . .	48	4 months .	Guy's and Queen Charlotte's .	57	
10	Lon. Diocesan Deaconess Instit.	4	3 to 12 months	Home, Children's, King's		
11	Evan. Protestant do. .	.	1 year .	Various and their own . .	33	
12	All Saints' Home	.	3 months .	University College . .		
13	Sisters of the Poor	6	Various .	Their own, the Head at var. places	15	
14	Sisterhood of St. John Baptist .	2	Not trained		3	
15	Home of the Good Shepherd .	4	Not trained		4	
16	St. Saviour's, Osnaburgh Street	None	No time stated	Own, Hospital for Cancer, &c.	4	
17	Sisters of Bethany, Lloyd Square	.	Some trained .	Various	Uncertain .	
18	St. Ann's, Paddington	.	Being trained .	St. George's	8	{ No. 18 B, in Appendix II. work in same district.
19	St. Cyprian's, Park Street .	.	Not trained		7	
20	St. Alban's, Baldwin's Gardens	.	Not trained		10	
21	Inst. of Nursg. Sisters, Dev. Sq.	20	Not trained		{ 80 to 90 for private	
22	Per Rev. W. H. Dalton, Chelsea	1	Up. of 2 years .	Westminster, Victoria, &c. .	1	

APPENDIX II.

NAME OF INSTITUTION IN LONDON, NUMBER OF DISTRICTS
NURSED, NAMES AND POPULATION OF DISTRICTS NURSED.

Ref. No.	Institution	No. of Districts Nursed.	Names of Districts Nursed	Population
1	East London Nursing Society	7	St. Saviour's, Poplar St. Philip's, Stepney St. Augustine's, Stepney Christchurch, Watney Street St. Peter's, London Docks Shadwell St. George's-in-the-East	6,000 10,000 6,000 9,000 8,000 6,500 12,000
2	Sisters of St. Saviour's	4	St. Augustine's, Haggerston St. Chad's St. Peter's, Hoxton St. Columba's, Kingsland Road	6,700 6,704 4,529 5,217
3	St. Peter's Home and Sister- hood	3	St. Augustine's, Kilburn St. Matthew's, City Road St. Saviour's, Hoxton	4,846 4,079 7,905
4	British Nursing Association	1	St. Simon Zelotes, Bethnal Green	5,589
5	St. John's Home and Sister- hood	2	No stated district	
6	Mackenzie Nurses' Home	2	St. James', Holloway St. Luke's, West Holloway	5,110 6,508
7	Nat. Assoc. for Prov. Nurses	1	St. Matthias, Kensington	2,741
8	Mildmay Park Nursing Insti- tution	1	St. Jude's, Mildmay Park	8,952
9	Bible Women's Mission	48	Special District (Not Ecclesiastical)	No. of Nurses
			Whitecross Street	1
			Gray's Inn Road	1
			Upper Thames Street	1
			Clerkenwell	1
			St. Giles	1
			Drury Lane	1
			Islington	2
			Caledonian Road	1
			Hoxton	1
			City Road	1
			North Bow	1
			Bow Common	1
			Limehouse	1
			Spitalfields	1
			Whitechapel	1
			Poplar	1
			Bethnal Green	1
			Wapping	1
			Stepney	1

Ref. N.	Institution	No. of Districts Nursed	Special District	No. of Nurses
	Bible Women's Mission <i>Continued.</i>		Shadwell	1
			Mint Street	1
			Rotherhithe	1
			Blackfriars Road	1
			Camberwell	1
			Falstaff Yard	1
			Kingston	1
			Bermondsey	1
			Bermondsey Wall	1
			Horselydown	1
			Lambeth	1
			Westminster	1
			Wandsworth	2
			Chelsea	1
			Notting Hill	2
			Vauxhall	1
			Kensal	1
			Newport Market	1
			Kensington	1
			Camden Town	1
			Somers Town	1
			Portman Market	1
			St. Pancras	1
			Gospel Oak Fields	1
			Haverstock Hill	1
			Kilburn	1
			In Training	5
			Pioneers	4
			Total	57
			Names of Districts Nursed	Population
10	London Diocesan Deaconess Institution.	4	St. Jude's, Gray's Inn Road . .	8,295
			St. Mary's, Hoxton (temp. disc.) .	6,376
			St. Peter's, Regent Square . .	10,623
			St. Paul's, Paddington . .	5,000
			St. Mary's, Twickenham . .	5,770
11	Evangelical Protestant Deaconess Institution . . .	—	Do no District Nursing	
12	All Saints' Home	1	All Saints', Margaret Street . .	3,044
13	Sisters of the Poor . . .	1	St. Michael's, Shoreditch . .	6,038
14	Sisterhood of St. John Bapt. . .	1	St. Barnabas', Pimlico . .	5,786
15	Home of the Good Shepherd . .	1	St. Peter's, London Docks . .	8,042
16	St. Saviour's, Osnaburgh St. . .	—	Do no District Nursing	
17	Sisters of Bethany, Lloyd Sq. . .	1	St. Philip's, Clerkenwell . .	9,271
18	St. Ann's, Paddington . . .	1	St. Mary Magdalene . . .	9,091
18B	St. Mary Magdalene, do. . .	1	Do. do.	Do.
19	St. Cyprian's, Park Street . .	1	St. Cyprian's, Marylebone . .	2,596
20	St. Alban's, Baldwin's Grdns. . .	1	St. Alban's, Holborn. . .	8,325
21	Institution of Nursing Sisters, Devonshire Square . . .	20	St. Matthias', Bethnal Green . .	5,187

Ref. No.	Institution	No. of Districts Nursed	Names of Districts Nursed	Population
	Institution of Nursing Sisters (Continued.)		St. Matthew's, Bethnal Green . . . 8,662 St. Paul's, Bethnal Green . . . 6,158 St. Philip's, Bethnal Green . . . 8,351 St. Thomas', Bethnal Green . . . 5,831 St. John's, Bethnal Green . . . 11,622 Christ Church, Spitalfields . . . 16,383 St. Jude's, Whitechapel . . . 6,273 St. Mary's, Whitechapel . . . 14,767 St. Mark's, Whitechapel . . . 9,992 St. John's Mission Church, Commercial Road . . . 10,155 St. Benet's, Stepney . . . 7,895 St. Matthew's, St. George's-in-the-East . . . 6,545 Holy Trinity, Shoreditch . . . 4,386 All Saints', Mile End New Town. . . 11,100 St. Michael & All Angels, Stepney St. James', Rateliff . . . 8,087 St. Mark's, Old Street, City Road . . . 4,324 St. Mary's, Golden Lane . . . 4,204 St. Botolph's, Bishopsgate . . . 6,107	
22	Not connected with any Institution	1	St. Jude's, Chelsea	5,958

APPENDIX III.

NURSING INSTITUTIONS IN LONDON AND CHARACTER OF WORK.

INSTITUTION.	WORK.
1. East London Nursing Society	District
2. Sisters of St. Saviour's <i>a</i> .	do.
3. St. Peter's Home and Sisterhood and branch	do. and their own hospital.
4. British Nursing Association	do. and private, Royal Free.
5. St. John's Home and Sisterhood	King's & Charing Cross, private, &c.
6. Mackenzie Nurses' Home	District and private.
7. Rt. Hon. Viscountess Strangford	do.
8. Mildmay Park Nursing Institution	Poplar Hospital, private, &c.
9. Bible Womens' Mission	District.
10. London Diocesan Deaconess Institution	do. and their own hospital.
11. Evangelical Protestant do.	Their own hospital.
12. All Saints' Home	University College and Home at Eastbourne, &c.
13. Sisters of the Poor	Own hospital and district.
14. St. John Baptist <i>b</i>	Own 'Hostel,' &c., &c.
15. Home of the Good Shepherd <i>c</i>	District.
16. St. Saviour's Osnaburgh Street <i>d</i>	Own, Cancer Hospital, and two at Ascot.
17. Sisters of Bethany, Lloyd Square	Only nurse under special circumstances.
18. St. Ann's, Paddington <i>e</i>	Relief.
18B. St. Mary Magdalene, Paddington	Private and district.
19. St. Cyprians'	Relief.
20. St. Alban's <i>f</i>	do.
21. Institution of Nursing Sisters, Devonshire Square	Private and district.
22. Rev. C.W.B.H. Dalton, St. Jude's, Chelsea	District.

a Branch of St. Margaret's, East Grinstead.

b do. St. John Baptist, Clewer, Windsor.

c do. Holy Cross House, Lorrimore Square, subordinate to Cowley.

d do. Devonport Sisterhood, Miss Sellon.

e do. St. Mary's, Wantage.

f do. House of Mercy, Clewer.

APPENDIX IV.

CIRCULARS AND QUESTIONS REFERRED TO IN REPORT.

CIRCULAR TO CLERGY.

NATIONAL ASSOCIATION FOR PROVIDING
TRAINED NURSES FOR THE SICK POOR.
ST. JOHN'S GATE, CLERKENWELL, E.C., LONDON,
August, 1874.

REVEREND SIR,

The Committee of Enquiry of this Association desires to call your attention to the accompanying documents, in which you will find a full explanation of the objects it has in view, viz: 'To train and provide a body of skilled Nurses to work amongst the Sick Poor in London and in the provinces.' This Committee has been instructed to obtain and lay before the Association full and accurate information as to the want they believe to exist of Trained Nurses for the Sick among the labouring classes and the poor, and also the amount of co-operation they may expect in seeking to supply that need.

I venture to enclose a list of questions, and the Committee will be grateful if you will kindly fill up the answers and return them to me in the enclosed envelope, with any further information you may think likely to be useful, and to aid them in their work.

I am, Reverend Sir,
Yours respectfully,

THE SECRETARY OF THE ASSOCIATION.

*A circular similar in purport was sent to Medical Officers of Health &c.—
See Appendix V.*

QUESTIONS.

ANSWERS.

1. Has the want of Trained Nurses for the Sick Poor been felt long or seriously in your district?

2. Is there a Nurse at work in your district, not as a midwife, but to help the Sick Poor?

3. Has she been regularly trained as a Nurse, and if so, in what hospital?

4. Is she connected with any, or what Society?

5. Please state whether there are any reports or available particulars of the Society in which the Nurse has been trained?

QUESTIONS.

ANSWERS.

6. How have funds been provided :—
 1. For the payment of the Nurse ?
 2. For the medical comforts etc. she requires for her work ?

7. If no such Trained Nurse exists, can you give the Committee any reason to expect aid in your district, either personal or pecuniary ?

8. Can you give the Committee any suggestions as to the special requirements of your district as regards Nursing ?

CIRCULARS REFERRING TO HOSPITAL ENQUIRY.

HOSPITAL SECRETARY OR TREASURER.

A.—Enquiry as to Hospital Ward Arrangements and Staff.

1. How many beds does the Hospital contain ; and what number of square feet per bed ?

2. What are the arrangements for ventilation ; and who is responsible for the ventilation and cleanliness of each ward ?

3. Is the Nursing Staff under a female Head, or a Medical Superintendent ; and if the former, what special training has she had ?

4. What annual payment to Sisters or Head Nurses ?

What payment to Staff or Assistant Nurses ?

With or without usual extras ?

Is washing included ?

Uniform ?

5. Where does the Matron reside ?

Day Nurses ?

Night Nurses ?

Whether Separate Bedrooms ?

HOSPITAL MATRON.

B.—Enquiry into Organisation of Hospital Nursing Staff.

6. What are the special duties of Matron or Lady Superintendent ?
 Printed Rules, if any ?

7. What are the special duties of Head Nurse or Sister ?

Does she make a Report on her cases ?

If so, to whom ? and of what nature ?

8. How many Wards and Nurses does a Head Nurse or Sister superintend ?

QUESTIONS.

ANSWERS.

9. How many patients to each Nurse
Day?
Night?
10. Are scrubbers or ward servants
employed?
What are their exact duties?
11. What has the Nurse to do as to
cleaning, &c.?

HOSPITAL MATRON WHERE THERE IS A TRAINING SCHOOL.

C.—*Enquiry as to System of Training Nurses in Hospitals, where
there is a Training School.*

PROBATIONER NURSES.

12. Do you train for your own or other
Hospitals and Institutions? If so, where
do the Probationers reside during training?
13. From whom do they receive
instruction?
Nature and extent of training?
14. What are the rules as to discipline?
What the duration of training?
Printed Rules, if any?
15. How are the pupils' knowledge and
fitness tested?
Copy of Certificate given (if any)?
16. Would you be willing to train
Nurses for other Institutions? If so, at
what estimated cost per head?
17. Can you suggest any improvements
in the training of Hospital or District
Nurses?
-

APPENDIX V.

GENERAL STATEMENT OF QUESTIONS SENT TO CLERGYMEN AND MEDICAL MEN.

Circulars sent to the Clergy of the Diocese of London and Westminster 447
 As only 82 replies were received, a duplicate was sent to those who had
 not replied 226
 These produced 103 more answers, or 185 in all.

Circulars and questions to Medical Men sent as follows :—

To Medical Officers of Health	51
„ Resident Medical Officers of Dispensaries	55
„ Poor Law Medical Officers	147
„ Sundry	5
	258

These having only produced 31 replies, duplicates were sent to those
 who had not answered 195
 These brought 63 more answers, or 94 in all.
 Total answers, Clerical and Medical, 279.

APPENDIX VI.

MEMORANDA OF DISTRICT POVERTY IN LONDON.

District	Population	Notes on Poverty, Health, &c.
St. Mary's, Spital Square. . .	4,017	Chiefly poor.
St. Paul's, Ball's Pond . . .	14,737	3,000 poor.
St. John's, Putney . . .	7,942	2 to 3,000 poor; very healthy.
St. Margaret's, Finsbury . . .	under 200	Not one person can be called poor.
St. Mark's, Hans Terrace . . .	5,054	Upwards of 1,000 poor.
St. Peter's, Islington . . .	14,000	$\frac{2}{3}$ working class or very poor.
All Saints', Mile End . . .	12,000	Very poor.
St. Andrew's, Hoxton . . .	6,533	Very poor.
Heston, Hounslow . . .	2,840	Over 1,500 poor.
St. Michael's Islington . . .	10,000	All poor.
St. Paul's, Whitechapel . . .	8,505	Intensely poor.
St. Paul's, Upper Holloway . . .	4,552	District new and healthy.
St. Mark's, Clerkenwell . . .	10,208	Parish very healthy.
St. Mary-le-Bow, &c. . .	328	No poor to nurse.
St. Stephen's, Walbrook . . .	179	Population non-resident.
St. Luke's, W. Holloway . . .	6,508	Very few poor.
All Hallows, London Wall . . .	805	Pop. decreased, very few poor.
St. Saviour's, Highbury . . .	380	Six poor families.
St. John's, Isle of Dogs . . .	5,000	Labourers and small shopkeepers.
St. Dionis', Backchurch . . .	350	Hardly any poor now.
St. Andrew's, Kensal New Town . . .	9,000	All working-class poor.
St. Matthias', Bethnal Green . . .	5,187	All are very poor.
Holy Trinity, Kilburn . . .	10,399	Very healthy.
Holy Trinity, Newington . . .	11,000	Very poor.
St. Helen's, Bishopsgate . . .	541	No poor, few residents.
St. Michael's, Wood Street . . .	194	None who can be called poor.
St. Augustine's, Haggerston . . .	6,700	One of the poorest in London.
St. Stephen's, Westminster . . .	6,421	Almost all labourers and artisans.
St. Chad's, Haggerston . . .	6,704	Almost wholly poor.
St. Matthew's, Friday Street . . .	137	Not a pauper, hardly one poor.
St. John's, Wapping . . .	4,502	Poor parish.
St. Ann's, Soho . . .	11,605	Numerous poor, crowded.
St. Mary's, Charterhouse . . .	4,204	One of poorest and dirtiest in London.
St. Augustine's, Highbury . . .	3,442	Not a single poor person.
St. Matthew's, Upper Clapton . . .	2,306	Only 1,000 poor, well cared for.
St. John's, Walworth . . .	9,487	Extremely poor.
St. Thomas', Bethnal Green . . .	5,831	Shameful accommodation.
All Saints', Knightsbridge . . .	6,676	Comparatively small number of poor.
St. Peter's, Belsize Park . . .	2,767	No poor.
Holy Trinity, Knightsbridge . . .	1,083	Very small poor population.
St. Matthew's, New Kent Road . . .	3,947	Extreme poverty.
St. Margaret's, Lothbury . . .	316	Small parish, not one poor.
St. Barnabas', Bethnal Green . . .	7,378	Newly formed, poor.
St. John Evan., Holborn . . .	5,517	Very poor.
St. Saviour's, Chelsea . . .	8,766	Very poor.
St. Stephen's, S. Kensington . . .	2,324	No abject poverty, not built over.
St. Matthew's, Westminster . . .	7,965	Principally the poorest of the poor.
St. Peter's, Walworth . . .	10,902	Too poor to support a nurse.
St. John's, Fitzroy Square . . .	14,250	The dirtiest poor in London.
St. Mary's, Haggerstone . . .	5,932	Parish full of poor.
St. Barnabas', Holloway . . .	8,000	About half poor.
St. Paul's, Clerkenwell . . .	6,700	Essentially a poor district.
St. Mary's, Somers Town . . .	10,000	Almost all of the 'labourer' class.

'MEDICAL OFFICERS' DISTRICTS.

District	Population of Entire District	Notes on Poverty, Health, &c.
St. Pancras, No. 1 District .	221,465	Exceedingly poor.
St. John's, Marylebone . .	33,000	Many poor in small streets.
Kennington Road, No. 5 and 6 Districts	208,342	District very poor.
St. Paul's & St. Barnabas' Dispy.	—	For the most part in pretty good circumstances.
St. George's-in the-East, No. 1 District	48,052	The most dangerous in London.
Eltham	—	Not very many poor.

APPENDIX VII.

SUGGESTIONS FOR IMPROVING THE NURSING SERVICE OF HOSPITALS, AND ON THE METHOD OF TRAINING NURSES FOR THE SICK POOR.

BY FLORENCE NIGHTINGALE.

I. METHOD OF TRAINING NURSES AT ST. THOMAS'S HOSPITAL.

(Under the Nightingale Fund.)

In the process of training the following are the steps :

Every woman applying for admission is required to fill up the Form of Application (Appendix I.), which is supplied to her by the Matron of St. Thomas's Hospital, on application.

Appendix II. are the Regulations under which the Probationer is admitted to training.

After being received on a month's trial and trained for a month, if the woman shows sufficient aptitude and character, and is herself desirous to complete her training, she is required to come under the obligation (Appendix IIA.) which is printed on the back of No. II., binding her to enter into hospital service for at least three years. This is the only recompense the Committee exact for the costs and advantages of training.

The list of 'Duties' (Appendix III.) is put into the hands of every Probationer on entering the service, as a general instruction for her guidance, and she is checked off by the Matron and 'Sisters' (Head Nurses) in the same duties, as will be mentioned immediately.

Appendix IV. is the Day and Night Time Table, to which all Probationers are required generally to conform.

It prescribes the time of rising, the ward hours, time of meals, time of exercise, hours of rest.

Once admitted to St. Thomas's Hospital, the Probationer is placed under a Head Nurse (Ward 'Sister') having charge of a ward. In addition to her salary received from the Hospital, the Ward 'Sister' is paid by the 'Fund' for training these Probationers. The number of Probationers she can adequately train of course depends on the size and arrangement of her ward and its number of beds.

The Ward 'Sisters' are all under an able Matron, who superintends the training of the Probationers, in addition to her other duties, for which the 'Fund' pays her a salary, irrespective of her salary as Matron to St. Thomas's Hospital.

The ward training of the Probationers is thus carried out under the Ward 'Sisters' and Matron. [The Probationers are, whether on or off duty, entirely under the moral control of the Matron. She has an assistant whose duty it is to take charge, under her, of the domestic arrangement of the Probationers' House and to conduct improvement classes.]

To ensure efficiency, each Ward 'Sister' is supplied with a Book in the Form Appendix V., which corresponds generally with the List of Duties, Appendix III., given to the Probationer on her entrance.

The columns in the Ward 'Sister's' Book are filled up by suitable marks once a week.

Besides the ward training properly so called, there are a number of duties

of a medical and surgical character, in which the Probationers have to be practically instructed. And this instruction is given by the Medical Instructor at the bedside or otherwise, for which he is remunerated by the 'Fund.'

St. Thomas's Hospital is the seat of a well-known Medical School, several of the Professors attached to which, voluntarily and without remuneration, give lectures to the Probationers on subjects connected with their special duties, such as elementary instruction in chemistry, with reference to air, water, food, &c.; physiology, with reference to a knowledge of the leading functions of the body, and general instruction on medical and surgical topics.

While the Ward 'Sisters' are required to keep a weekly record of the progress of the 'Probationers,' the Probationers themselves are required to keep a diary of their ward work, in which they write day by day an account of their duties. They are also required to record special cases of disease, injury, or operation, with the daily changes in the case, and the daily alterations in management, such as a nurse requires to know.

Besides these books, each Probationer keeps notes of the lectures.

All these records kept by the Probationers are carefully examined, and are found to afford important indications of the capabilities of the Probationer.

A Register, Appendix VI., is kept by the Matron of St. Thomas's. It will be seen that it corresponds with the Ward 'Sister's' Book, No. 5, and has space for monthly entries during the entire year of training.

At the end of the year all the documents are carefully examined by the Committee of the 'Nightingale Fund,' and the character the Nurse receives is made to correspond as nearly as may be with the results of the training.

We do not give the woman a printed certificate, but simply enter the names of all certificated Nurses in the Register as such. This was done to prevent them, in the event of misconduct, from using their certificates improperly. When a Nurse has satisfactorily earned the gratuity attached to her certificate the Committee, through the Secretary, communicate with her and forward the money.

The elements required for working such a system of training are:—

a. A good Hospital or Infirmary.

b. A competent Training Matron. (By such a Matron we do not mean a woman whose business is limited to looking after the linen and house-keeping of the Hospital, either wholly or mostly, but a woman who, whatever may be her duties as head of the Establishment, performs chiefly and above all others the duty of superintending the nursing of the sick.) The number she could train would depend mainly on the construction of the Hospital, and on the capabilities of the Head Nurses or Ward 'Sisters' under her.

c. Competent 'Head Nurses.'

If such Head Nurses are or can be appointed, they should be responsible to the Training Matron. There should, of course, be but one Infirmary Matron,* with a Housekeeper subordinate to her; or, if the Training School be large, a Deputy Mistress of Probationers.

The Head Nurses must be competent trainers.

Of course the Training Matron, if she is to be herself her only Head Nurse, can only train such a number of Probationers as a Head Nurse could train.

If it should so happen that a good Training Matron cannot be found, the best way would be to select a competent woman, and send her for training.

Our period of Training is one year for a Nurse, but we should much prefer giving two years to train those who have to train others in their turn.

* It is understood that the Superintendent (Training Matron) resides there where is her chief business, viz.: in the Training School for her Nurses, which must be *in* the Hospital; and this even where there is a Nurses' Home attached. It is a very great mistake to put the Superintendent in the Home, and to put the Nurses, whilst in the Hospital, under a Matron not their own. There where the Nurses are *at work* must the Superintendent be. It follows that she must be also Matron of the Hospital.

The Training and Nursing Matron should be responsible to the Governing authorities of the Infirmary, or to any Committee appointed by them for the purpose.

It is taken for granted that the Medical Officers of Hospitals where training is to be carried on are willing to render every assistance in their power in aiding the training by oral instruction and bedside work.

Sufficient has been said on the subject of training to show that the success of any system must primarily depend upon obtaining Trained Nurses, themselves capable of training others.

To enable them to train others, of course a special training is required.

To train to train needs a system—A systematic course of reading, laid down by the Medical Instructor, hours of study (say two afternoons a week), regular examinations by him, themselves cultivating their own powers of expression in answering him.

Those who have to train others are the future leaders: and this must be borne in mind during their year's training.

Careful notes of Lectures, careful notes of type cases, and of cases interesting from being not types but unusual, must be kept by them; their powers of observation must be improved in every way.

To illustrate the cases they are nursing in the Wards, descriptions of these cases must be pointed out to them at the time in the books in their Library.

They must be encouraged to jot down afterwards, but while still fresh in the memory, the remarks made by the Physicians and Surgeons to their Students in going their rounds.

They must be taught, both by the Ward Sisters and the Medical Instructor, to know not only symptoms and what is to be done, but to know the 'reason why' of such symptoms, and *why* such and such a thing is done. Else, how can they train others to know the 'reason why'?

Time must be given them for this, otherwise they are too likely to degenerate into drudgery in the Wards.

They must write out their jottings afterwards in the Home. Without some such system, it is but too easy to potter and cobble about the Patients for a year without ever learning the reason of what is done, so as to be able to train others.

They must, of course, be able to read the 'Cards' on Patients' bed-tickets readily.

A case-paper, with printed headings, such as 'Temperature,' 'Pulse,' 'Respiration,' to be taken morning and evening; 'Sleep,' 'Nourishment,' 'Urine,' 'Stools,' to be noted every 24 hours, and other such heads, should be regularly kept by each Probationer who is to be a Head Nurse and future trainer of others; the cases to be thus kept to be selected by the Ward Sister.

If the Medical Instructor has beds, as it is most desirable that he should, in the Hospital, it is important that such Probationers should pass under him in his Ward, late in their year, so that he may check their case-taking at his own beds,

If possible, appoint no woman immediately after her year's training as Matron or Superintendent, nor till she has had experience not only as Head Nurse or Ward Sister, but as Assistant-Matron or Assistant-Superintendent.

It is hardly necessary to state that no women but of unblemished character and tried sobriety can ever be admitted as Nurses. Infirmarys are the worst places to employ penitents or reformed drinkers in.*

It is perhaps thought (1) that my requirements for a good Nurse involve that she should be *perfect*, both as a woman and a Nurse; that a search for any

* *Sol-fa* instruction in singing for the Nurses is very desirable. It is as important that there should be singing, which stops any temptation to bad language among the patients, as that the Nurse should be able to lead the singing at Daily Prayers in her own ward.

such is a search for a roe's egg ; (2) that women above 25 years of age with such characters as are required, are either settled in good situations, or, at all events, that their prospects are such that they would not be likely to go into Hospital service.

I reply (1) that my requirements refer to women as they are, and that they exclude the obviously unfit, without aiming at an imaginary or too high standard.

(2) On this I humbly suggest that the point is *not* that women who have to earn their bread will not be likely, after 25 years of age, to embrace an occupation which cannot be exercised under that age ; on the contrary, not a newspaper but contains advertisements for women 'not under 25' or '30 years of age' to fill situations of trust, both in Institutions and in domestic service, to be children's nurses, matrons, 'confidential' servants of all kinds. The real point is, that the women who have to earn their bread cannot, after 25 years of age, seek situations which require a year's previous training ; this, which is often overlooked, is so important that one *sine quâ non* for all Institutions which train nurses is, that the Probationers, if really good subjects are to be obtained, should receive wages during their year's training.

There is another experiment which might be tried.

This is, whether, among the large Union Schools, a number of girls might not be found willing and suitable to be trained as Nurses.

These girls are usually put out to service between the ages of 14 and 16.

This is quite too young to put them at once into any kind of infirmary or hospital to take their chance altogether with the other Probationers, especially in the men's wards.

But it is not at all too young, where arrangements and provision can be made under a proper female head, for them to learn sick cookery, cleaning, needlework, orderly habits, all that is learnt in a servants' training-school, and to take their turn in doing what they can be taught to do in children's sick wards, and in female sick wards, till the full-blown hospital Nurse is developed out of them.

Girls of from 14 to 16 years of age are not at all too young to choose between domestic service or hospital nursing, under the restrictions mentioned above.

To a Training School for Nurses it would not be difficult to attach an Industrial School for Girls, as suggested.

The Infirmary Training Matron must be the head of all ; under her, one good, capable woman to take special charge of the girls, as in a "Home," and to apportion them their duties.

Of course the expense might be an objection. It is certainly easier to get rid of the girls altogether and at once into service.

On the other hand, there is at present a great dearth of the material for good Nurses. Here it might be found. These girls, if trained into good hospital Nurses, would earn higher wages than girls who enter domestic service at 14 or 15 years of age ever would do. And they would be far less likely to fall into temptation (which fall so often brings back to the Workhouse girls sent out to service too early). Besides, the labour of these girls while in training would not be valueless.

II.—RELATION OF HOSPITAL MANAGEMENT TO EFFICIENT NURSING.

Equal in importance to the provision of trained Nurses, is the nature of the hospital authority under which these Nurses are to perform their duties. For unless an understanding is come to on this point, the very existence of good nursing is an impossibility.

In dealing with this question, I may state at once that to turn any number of trained Nurses into any infirmary to act under the superintendence or

instructions of any Master, or Matron, or Medical Officer, would be sheer waste of good money.

This is not matter of opinion, but of fact and experience.

The 'original sin' of this part of the infirmary system, or no system, has been :—

1. The nature of the authority.
2. The nature of the nursing material on which the authority has been exercised.

Experienced administrators will scarcely suppose that I mean to imply an independence, and to ask for uncontrolled hospital authority, for the nursing staff, in what I have said.

On the contrary :—Vest the charge of financial matters and general supervision and the whole administration of the infirmary in the board or committee ; i.e., in the officer who is responsible to that board or committee. Vest the whole responsibility for nursing, internal management, for discipline, and training (if there be a Training School) of Nurses in the one female head of the nursing staff, whatever she is called.

The necessity of this, again, is not matter of opinion, but of fact and experience. I will enter a little more fully into this, viz., the relation which the nursing establishment ought to bear to the Government of the hospital.

The Matron or Nursing Superintendent must be held responsible for her own efficiency, and the efficiency of her Nurses and servants. As regards the Medical Officers, she must be responsible that their orders about the treatment of the sick are strictly carried out.

To the governing body of the hospital she must be held responsible for the conduct, discipline, and duties of her nurses, for the discipline of her sick wards, for their cleanliness, for the care and cleanliness of sick, for proper ventilation and warming of wards, for the administration of diets and medicines, of enemas, &c., the performance of minor dressings, and the like, for the care of linen and bedding, &c., and probably of patients' clothing.

The duties which each grade has to perform should be laid down by regulation, and all that the Medical Department of the Governing Body of the Hospital has a right to require is that the Regulation duties shall be faithfully performed.

Any remissness or neglect of duty is a breach of discipline, as well as drunkenness or other bad conduct, and can only be dealt with to any good purpose by report to the Matron (Superintendent of Nurses) of the Infirmary.

I may perhaps again point out that the Superintendent should herself be responsible to the constituted Hospital authorities, and that all her Nurses and servants should, in the performance of these duties, be responsible to the Superintendent only.

No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying.

No good ever comes of any one interfering between the head of the nursing establishment and her Nurses. It is fatal to discipline.

All complaints on any subject should be made directly to the Superintendent, and not to any Nurse or servant.

She should be made responsible, too, for her results, and not for her methods.

Of course, if she does not exercise the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere, and to remove her.

It is necessary to dwell strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the Medical Officer, or the Governor of a Hospital.

Any attempt to introduce such a system would be merely to try anew, and fail anew in an attempt which has frequently been made. In disciplinary matters a woman only can understand a woman.

It is the duty of the Medical Officer to give what orders, in regard to the

sick, he thinks fit to the Nurses. And it is unquestionably the duty of the Nurses to obey or to see his orders carried out.

Simplicity of rules, placing the Nurses in all matters regarding management of sick absolutely under the orders of the medical men, and in all disciplinary matters absolutely under the female superintendent (Matron), to whom the Medical Officers should report all cases of neglect, is very important. At the outset there must be a clear and recorded definition of the limits of these two classes of jurisdiction.

But neither the Medical Officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head who, as already stated, is responsible to the governing authority of the hospital.

III.—STRUCTURAL ARRANGEMENTS IN HOSPITALS REQUIRED FOR EFFICIENT NURSING.

One essential condition of good infirmary discipline is that the Matron and her nursing staff should have their own special quarters within the precincts of the hospital building. No woman, be she Superintendent, Head Nurse, Nurse, night Nurse, or Scrubber, employed about the patients, should be boarded or lodged elsewhere than in the building.

The night Nurses should sleep where they will be undisturbed by day. Every Nurse ought to have, if not a small room, a compartment to herself. The Matron's authority, for obvious reasons, must be supreme in these quarters.

A good nursing staff will perform their duties more or less satisfactorily, under every disadvantage. But while doing so, their head will always try to improve their surroundings in such a way as to liberate them from subsidiary work, and to enable them to devote their time more exclusively to the care of the sick. This is, after all, the real purpose of their being there at all; not to act as lifts, water-carriers, beasts of burden, or steam engines—articles whose labour can be had at vastly less cost than that of educated human beings.

Hence certain ward conveniences form absolutely essential parts of the machinery required to economise the time of good Nurses. These have been or are being provided in all the more recent hospitals and asylums, both at home and abroad, in pauper lunatic asylums, in asylums for the infirm and aged, in nearly every civilised country; in countries, too, where labour has a much lower market value than in our own.

The general object of these conveniences is to simplify and facilitate work, and to enable the Superintendent to systematise and economise the labour of her staff by knowing the conditions under which it has to be performed.

[*E.g.*, lifts and the laying of hot and cold water all over a building will economise the labour of at least one attendant to every 30 patients; this is but a small instance.]

It would be a great mistake to turn an efficient nursing corps into a building unprovided with reasonable means for performing their duty. A Head Nurse cannot always be in her ward. She must have a small room, with fire and furniture, where she sleeps at night (for a Head Nurse must command her ward day and night), takes her meals, inspects her ward through a small inspection-window, keeps her ward records, &c. Each ward should have, besides, a small scullery with sink, and hot and cold water laid on; with small range for making poultices, preparing fomentations, warming diets and drinks, &c. &c.

This scullery ought to be made sufficiently comfortable for the Ward Nurses to take their meals in. It has a great advantage, in preventing gossip, &c., when each separate Ward Staff has its own separate dining and sleeping accommodation, so that the Ward 'Sister' may always know where her Nurses are. Where there is a Training School the Probationers will, however, probably have a dining-room of their own; and it may be better in that case that

the Nurses should all, also, dine together, though in two detachments. But, whatever the arrangements, they must be all under the moral control of the Matron. She must be responsible for the government of her Nurses, both on and off duty.

The ward sink is intended for washing up small ward equipments, *e.g.*, cups, saucers, mugs, spoons, and the like.

A separate sink must be provided close to the ward W.C., into which the Nurse can empty bed-pans, slops, expectoration cups, and the like.

Each ward must be provided with its own crockery, wash-hand basins, cups and saucers, &c.

A very essential part of nursing is care of the linen; and this must always be committed to the Matron (Superintendent). This duty requires a linen and mending-room, conveniently situated, from which clean linen can be given out for the daily use of the wards, and into which clean linen should be received from the wash to be mended and stored.

Probably patients' clothing will have to be included.

In large Hospitals the Matron may possibly require a Linen Nurse to assist her in addition to her Housekeeper.

Of course each ward will have its proper W.C.s and Lavatories, with hot and cold water laid on, and a fixed bath—conveniences which are as necessary for the due treatment of the sick as for their nursing.

Till the last few years in England, though not so in France, it has been very little considered how much the cost of *efficient* nursing varies according to the size and distribution of wards.

A Head Nurse can efficiently supervise, a Night Nurse can carefully watch, 32 beds in one ward, whereas, with 32 beds in four wards, it is quite impossible.

Again, distribution of duties is so important, if you wish for efficiency, that it is difficult to believe that such a rule as this once existed—one Nurse to be responsible for the sole charge of, say, 10 patients. Was she to do everything for them day and night? Of course this was impossible. If she were a Head Nurse, it was wasting her, because she might as well have had the charge of 32, or even 64 patients, if these were in two wards on the same floor. The same may be said of the night Nurse. If she were an under Nurse there was no supervision over her, and she was utterly incapable really to take charge. If she were a Head Nurse, again, she was called upon to perform duties which are just so much lost time for her to do.

It is extremely important, therefore, to consider what is the greatest number of beds per ward which will effect the least cost in nursing staff.

This appears now to have been fixed by European hospital experience at between 24 and 32 beds per ward. I prefer the larger number for the ordinary run of hospital cases.

It is now generally admitted by authorities on hospitals that the superficial area allowed per bed is practically an element of more importance than the mere cubic space, at least as regards healthiness; but it has been overlooked, or at all events not sufficiently recognised, that a nursing staff requires room for work, just as much as any other staff. It is of no use supplying an infirmary with the most efficient nursing establishment if there is not room for them to turn round in for the due exercise of their functions. Of course, there is a difference in the amount of care required in the nursing of different patients; but wherever there is a Nurse, there must be room for her; space must be given for the Nurse to pass easily between the beds, and for more Nurses than one, besides the Medical Officers and (may be) Probationers.

Although there has been no distinctly recognised rule in this matter, the practice of all the best hospitals shows that the question of working area has tacitly received a solution.

In some cases the solution has no doubt been arrived at while endeavouring to improve the healthiness of the wards; and, in doing so, the area required for good nursing has also been decided.

In this matter we ought to be guided by what are manifestly the lessons of

experience ; and these I will now proceed to state by reference to some of the general hospitals into which systematic nursing has been introduced.

The Royal Commission on the Sanitary State of the Army, 1857, directed its attention to this subject, and obtained certain data from the leading hospitals in the metropolis, from which the following superficial areas per bed have been calculated:—

	Sq. feet per bed.
Royal Free Hospital	105
London	104
Guy's	138 max.
Middlesex	88
St. Thomas's (old)	101 max.
St. Bartholomew's	79
St. George's	69

It will be seen that there is some diversity in these allotments of space ; and a similar difference exists in provincial hospitals, in certain of which the superficial space is from 110 to 120 square feet, while in others it ranges between 70 and 80.

The space allowed in some of the Naval Hospitals, where there are Nurses, is as follows:—

	Sq. feet per bed.
Haslar	77
Plymouth	79
In Military Hospitals:	
Herbert Hospital, Woolwich	99
Netley (a hospital not intended for sick, but for invalids in transitu, only a fourth of whom are confined to bed)	103
In the more recent great Paris hospitals, nursed by Sisterhoods:	
Lariboisière	104
Vincennes (Military)	90
In the New Hotel Dieu, now being built :	
In the 26-bed wards	110
In the 6-bed wards	104

(The same as Lariboisière.)

At King's College Hospital it is found that 105 square feet is sufficient for good nursing and ward administration.

I have already given the space in old St. Thomas's at 101 square feet.

When the plans of the new St. Thomas's were under consideration it was at one time proposed to give as much as 126 sq. ft. per bed ; but the exigencies of the site rendered it necessary to reduce this amount to 112 square feet, which, I am informed, is sufficient.

All these superficial areas are intended for general hospitals, but it is in the highest degree doubtful whether any of them would be enough for a lying-in or special hospital.

In fever hospitals there is a great and constant sacrifice of life in the establishment itself. Scarcely a year passes in which some most valuable lives, both among medical and nursing attendants, are not lost, in consequence of defective structural arrangements and bad sanitary conditions, under which they have to do their work. One of the most obvious of these defective conditions is want of sufficient area. If large fever hospitals must exist, then the superficial area per bed must be increased, not only for nursing, but to give increased security for the health and life of the Nurses.*

It may be said that you must fit your nursing arrangements to your sick, and not your sick to your nursing arrangements, and that Nurses must take their chance of fevers.

Perfectly true as far as the sick are concerned ; but most untrue as far as the hospital arrangements are concerned.

* Of course the very large area required for safety where a considerable number of fever cases are treated under one roof may be reduced if the sick are subdivided into small numbers in separate buildings, *e.g.* in huts.

Every employer of labour is bound to provide for the health of the workers. And any society which professes to provide for the sick, and so provides for them that the lives of the Nurses and of Medical Officers have to be sacrificed in the discharge of their duty, gives sufficient proof that providing for the care of sick is not its calling.

For, as it happens, the arrangements required for the welfare of sick are the very same which are required for the health of Nurses: Nurses, that is, who are really discharging their duty in constant attendance on sick.

But in dealing with the question of superficial area required for nursing, it is said that the special class of cases to be nursed must be considered; that we must also take into consideration the fact that many hospitals have large medical schools attached to them; that in a ward where all the cases are of a severe character, a larger nursing staff and, in consequence, more area will be required than where all the cases are of a comparatively slight character.

Whatever apparent truth there may be in such a statement, we must not lose sight of the fact that Nurses are there because patients are there, and not because case A is severe and case B is not severe. The prior question is, whether there should be an infirmary with patients in it at all, and if this be decided in the affirmative, then a nursing staff, with the required conditions for good nursing, must be provided. If heavy cases occur, a good Superintendent or a good Head Nurse will always economise her staff so as to provide attendance for the sick, except, *e.g.*, in a severe epidemic outbreak, as of cholera, when temporary assistance may be required. But nothing shows the want of a good nursing system more than where an 'extra' Nurse has to be engaged for every operation.

As to the argument drawn from the existence of medical schools, this is a matter apart from nursing, and it will be found, on reference to the practice of a number of hospitals, both in this country and abroad, that a sufficient area per bed for nursing is often given where there is no medical school.

But the extent of surface area necessary will depend on the structure of the ward. In this, as in other matters, bad construction is always the most costly. A ward with windows improperly placed, so as to give deficient light, or where the beds are so placed that the Nurse must necessarily obstruct the light in attending to her patient, must have the bed space so arranged and of such dimensions as to allow of sufficient light falling on the bed. In well-constructed wards with opposite windows the greatest economy of surface area can be effected, because the area can be best allotted with reference both to light and room for work. An infirmary ward should be constructed with a window for every bed or at most two beds, and 8 feet of bed space along the walls. In really good Hospitals there should be not less than 100 square feet per bed for average cases of sickness, excluding zymotic diseases and lying-in cases. As already stated, this space is much too small for fever or lying-in wards.

I may state with reference to two great new hospitals, St. Thomas's and the Hotel Dieu, that the ward-width is 28 feet in the former, and 29 feet in the latter.

Summary.

I have entered into considerable detail in the preceding remarks, because it is absolutely indispensable that the relation of efficient infirmary nursing to training, organisation, infirmary management, and infirmary construction should be thoroughly understood if infirmary nursing is to be made efficient. And I shall conclude with a recapitulation of those requirements, without which any attempt, not at ostensibly improving (for that is to 'keep the word of promise to our ear, and break it to our hope'), but really improving the nursing of the sick poor, at present admitted into infirmaries, would be attended with results not worth the trouble and outlay.

1. Hired Nurses, unless they are also *trained* Nurses, are not worth their hire, unless by accident.

There must be trained Matrons (Superintendents) to superintend trained Nurses.

2. Every trained and organised nursing staff should, as one of its duties, undertake the training of Nurses for infirmary work, on some such plan as that the details of which have been given above.

3. The Matron (Superintendent) should be responsible to the government of the infirmary alone for the efficient discharge of her duties ; and the Nurses should be responsible to the Matron alone for the discharge of their duties.

4. It has been proved by experience that the efficiency of nursing is to a considerable extent dependent on hospital construction, and on the kind of accommodation provided for the nursing service. The following structural arrangements are among the most necessary for this object :

- a. The larger the sick wards, up to, say, 32 beds, the less expense is necessary for nursing staff, because supervision is so much easier with a given staff where the wards are large than where they are small.
- b. The Matron and the whole of her Nurses (including pupil-nurses) must be lodged within the hospital buildings.
- c. The Matron should have sole charge and responsibility of mending, storing, and issuing linen. Hence a linen store and mending-room close to the Matron's quarters are required. [Patients' clothing and bedding, &c. will probably also come under the Matron.]
- d. Each ward should have a small room for the Head Nurse, suitably furnished.
- e. Each ward should have a small scullery, with hot and cold water supply, besides the usual lavatory, bath, and watercloset accommodation.
- f. The superficial area per bed required for good nursing and good ward administration will depend on the form of the ward. More is required where the ward is badly shaped and insufficiently lighted than where the floor and window space are properly arranged. With well-proportioned wards and windows on opposite sides, with the beds between the windows, the floor space per bed should be at least 100 square feet, with eight feet of wall space per bed.

IV.—DISTRICT NURSING.*

With regard to District Nursing among the sick poor : there must be District Training for District Nurses *in addition to* their year's Hospital Training.

To turn Hospital Nurses into districts and tell them to nurse, is to do nothing either to train or to govern District Nurses, even if they are under local Superintending Ladies, as they always should be, unless these Local Superintendents are themselves Trained Hospital and District Nurses, which they rarely or never can be : that is, unless they know better than the supervised (which is the essence of all supervision) what to do, what Nursing is, and what a Nurse should be.

The District Nurse can only learn to nurse in a *District*. The universal danger in District Nursing is that the Nurse does not really nurse, that she degenerates into a giver ; that she rarely sees, or receives directions, verbal or written, from the Doctor in attendance, where there *is* one, but on her own responsibility applies lotions and dressings, or administers beef-tea, &c. She goes her own way.

The cases are mostly simple ones, and she brings (or ought to bring) order and cleanliness with her into the abodes of the most disorderly. But, if she is really to nurse, she must have training and knowledge of the kind which a Hospital Nurse has not.

For the Hospital Nurse has always a House Surgeon and other Medical Officers at hand to take the responsibility. The Hospital Nurse has all the newest and best Hospital appliances. Indeed, her duty is to have all these ready to hand, the District Nurse's duty to do without them.

* We do not at present train District Nurses at St Thomas' Hospital.

The rule of District Nurses, of course, is, that 'if a Doctor is found in attendance, the Nurse is directed to carry out *his* prescriptions.' But the 'Doctor in attendance' is, and must be, the exception, and not the rule.

Every District Nurse should, therefore, after being carefully selected from those who have had at least a year's Hospital Probation, pass through a very thorough District Training.

There should be a District Matron, or Lady Superintendent—a woman of the highest training as Nurse, of great powers of mind and supervision, to fulfil her incomparably difficult post—a gentlewoman to cope with various authorities without either feeling or inspiring jealousy: it need hardly be said, to devote her whole time to the work.

Three months' systematic training in *District Nursing*, under this lady's active superintendence, can scarcely be thought too much for the District Probationer Nurse who has passed through her year's Hospital Training.

We will suppose the Nurse then appointed to a District. For at least one month more, should not the District Superintendent go with the new District Nurse every day her rounds to induct her into her duties?

This may be impossible, even if the District Superintendent is appointed to no larger an area than she can really superintend. [We suppose this to be *Town District Nursing*.]

Then how to supplement her?

What is the best organisation for District Nursing?

1. The District Lady Superintendent to make her Head Quarters in the Training School, which we suppose to be in the Hospital, where lives the Training Lady Superintendent, who is the head of all and Matron of the Hospital.

[If the Training School and Hospital is not in a central position, still this is more than compensated by the District Superintendent being thus in daily communication with the Head, the Hospital Superintendent, to whom she should also report in writing, say once a week.]

2. The District Superintendent to reside occasionally at each of the small District Homes, to be spoken of immediately.

3. Of course to report to a Committee and Secretary, but as a Committee, on the cases, &c., nursed by the District Nurses. (There are multitudes of internal points in managing women which can only be reported to a woman.)

4. Nurses to be trained, selected, appointed, paid, and dismissed by the Hospital Lady Superintendent (Matron). It is of vital importance that she should be in constant relation with the District Superintendent, who is in fact her District Assistant.

[There is, I believe, in every one of the few instances where Town District Nursing has been organised on a large scale, a 'Lady Visitor'; but she is in hardly any sense what is described above.]

How is it possible that the payment and continuance or discharge of the District Nurse by the Hospital Superintendent be anything but a mere name without responsibility? how can it be known—not so much whether gross things are going on—that is, whether District Nurses are drinking or falling into immoral habits (these would almost certainly be detected and punished with dismissal)—as whether the District Nurses are nursing or not, in any real sense of the word, if the Visitor does not visit, and the Superintendent does not superintend?

That is—

(1) If the Visiting Superintendent is not a first-rate Trained Nurse.

(2) And if her whole time is not devoted to her overwhelming duty.

(3) And if she is not in real and continuous official and unofficial relation with *her* Head, and the real Head and Trainer of the Nurses, the Hospital Lady Superintendent?

5. Have not District Nurses a constant tendency to degenerate into mere Visiting Agents of *their* local Superintendent Ladies, perhaps giving only beef-tea, and an hour a day?

To avoid this, ought there not to be a system of tickets or checks, or what the French call *Bons*: the Nurse to give a 'Bon' for what nourishment, &c., she finds wanted, or for bedding, &c., on the Matron of District Home, soon to be mentioned, where is or ought to be the sick kitchen, so that the Nurse may nurse, and not give?

6. Are District Nurses *Nurses to Doctors*, in any sense of the word? Indeed, are there any real directions given by Doctor to Nurse for the care and treatment of the District patients, except perhaps in cases of fevers and operations, when the Doctor sends for his District Nurse? In other cases, for any practical carrying out of Doctors' orders, might not the Doctor as well be at New York, or the local Superintendent Lady be Doctor? Has not the Nurse to run after the Doctor? instead of the Doctor sending for the Nurse? Even when there is a Doctor in attendance, does he leave directions on a slate, or otherwise, for the Nurse? or does he make it possible for her to meet him by appointment at the patient's bed-side?

To keep a constant vigilant guard, that this inevitable evil does not become the ruling custom, must be the anxious duty of the District Superintendent. For is not District Nursing sometimes a failure, on account of want of connection with the Doctor.

7. Do not the District Nurses want re-tempering in the hospital at least three months every two years? or if they stay so long, every seven years for a year? Supposing the District Nurse most perfectly trained, is it possible that she can keep herself up to anything like a standard of Trained Nursing, if there is

- (1) No Trained Lady Visiting Superintendent over her (the Local Superintending Lady being rarely, if ever, a Trained Nurse);
- (2) No practical obedience to Doctor;
- (3) No skilled supervision at all.

Must it not be a prodigy, under these circumstances, if the District Nurses nurse?

8. The District Nurse—

- (1) To devote her time to the work;
- (2) To live in a District Home, containing four or five District Nurses, under a Matron; the District Home to include a sick kitchen in which the Nurses take times about to cook for the Patients of all; and stores &c. [This obviates all question as to whether the District Nurse may (a) take lodgers; (b) if a widow with children, have her children living with her. Both are objectionable.]
- (3) The District Nurse not to *give* (any more than Hospital Nurses do) except by the system of tickets passing through the District Home.

LET NURSES NURSE.

9. The District Matron, who shall herself be a Trained Nurse, not necessarily a gentlewoman, of each District Nurses' Home to have the receiving and issuing of tickets and nourishment, &c., at the sick kitchen; to take such share as the District Superintendent shall appoint in teaching the District Probationer Nurses at the bed-side; in initiating the newly appointed District Nurse into her work; and generally in supervising the District Nurses of her Home, both at their work and in the Home.

10. Without some such system of trained supervision, working effectually, District Nurses will always tend to become, not an army but a rout; District Nursing to become, not an organisation but a disorganisation; it will always tend, in fact, to decomposition. For little or nothing of what keeps the *Hospital* Nurse up to the mark—the Resident Medical Staff, the Consulting Medical Staff, the busy School of Students—the female hierarchy of Resident Matron over Sisters, and Sisters over Nurses and Probationers—the great publicity and *esprit de corps* of a Hospital—exists for the *District* Nurse.

11. The District Superintendent must be responsible directly to the Hospital Lady-Superintendent for the things pertaining to the Nurses, for which, *mutatis mutandis*, an Assistant Matron would be responsible to her

Head, while she will be responsible to the Committee, either directly or through her Superintendent, for the things pertaining to the cases nursed, and work generally, which come under the Committee's jurisdiction.

[Any confusion about this would either make the District Superintendent practically almost irresponsible ; or would make the Committee's Secretary and the Hospital Lady Superintendent joint-heads of the Nurses—side by side jurisdictions—an impossible principle.]

12. On the whole, it would seem to require a higher class of woman to be District Nurse than even to be Hospital Nurse. If the District Nurse is merely an ordinary sort of woman, she does not find enough to do, except in epidemic times, when she is overwhelmed. There *is* not enough to do in healthy times to occupy an inferior class of woman ; but how much too much to do in teaching the poor cleanliness, care of children, how to obtain fresh air, how to prevent disease, &c. &c., to occupy the higher sort of woman ?

N.B.—We have not entered here into the the position and duties of the Local Superintending Ladies who undertake the raising of funds for their own district, and the exercise of certain relations with their District Nurse, because these are fully laid down in the Organisation of Liverpool—that great and hitherto unique work—into districts for nursing.

13. One most essential part of the District Nurse's duty is to report sanitary defects in her district, through the District Superintendent to the Officer of Health.

August 1874.

TITLES (ONLY) OF APPENDICES REFERRED TO IN THE FOREGOING PAPER.

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| Appendix | I. Questions to be Answered by Candidate. |
| ,, | II. Regulations as to the Training of Hospital Nurses under the 'Nightingale Fund.' |
| ,, | IIA. Obligation. |
| ,, | III. Duties of Probationer under the 'Nightingale Fund.' |
| ,, | IV. Time Table for the Probationers under the 'Nightingale Fund.' |
| ,, | V. List of Duties, &c. |
| ,, | VI. Register of Character and Acquirements of Nurse during her Period of Service. |

APPENDIX VIII.

(a.)

FORMS AND RULES USED IN DISTRICT NURSING.
(LIVERPOOL.)

TO LADIES SUPERINTENDENT.

The following suggestions for organising a District are necessarily very incomplete; it is to the Ladies Superintendent we must look to work out a more complete system of operations.

When a lady becomes the Superintendent of a district, a trained Nurse will be provided, receiving a salary from the Institution. The Lady Superintendent undertakes to find the medical comforts, and also to provide the Nurse with lodgings in a good central situation.

I.—When commencing a district, it may be desirable to call a Meeting of the various Ministers of Religion in the district, to explain to them the objects proposed, give to them the power of recommending cases, requiring, at the same time, that the greatest care should be taken to recommend suitable cases only, excluding such as would be better dealt with in hospitals or the work-house, or where the parties are able to help themselves. Want of care in this respect would necessitate the withdrawal of the power of recommendation, as it would involve the waste of means and time. Their kindly aid should be asked in interesting their parishioners and friends in the work, and in bespeaking personal assistance, contributions to the funds of the Institution, or gifts of food, wine, clothes, old linen, &c. The Lady Superintendent will also have to arrange for the custody and preparation of medical comforts. This may be done in various ways—

1st. By the Nurse herself merely consulting with the Superintendent; this is not the best way, for obvious reasons.

2nd. It has been done by paying a weekly sum for local superintendence and cooking, with the expense of firing, and the extra help necessary to the person who undertakes these duties. A better plan, if possible, is to find in the neighbourhood the kind intelligent wife of a clerk or shop-keeper, who, for love of the work, would undertake this department of local superintendence.

II.—The Lady Superintendent should either visit herself, or depute some one to visit for her, so as to enable her to satisfy herself that the Nurse is working faithfully and sufficiently.

III.—At fixed times, at least once a month, she should examine the Nurse's Register, consult with her on fresh cases, and hear the report of former ones. She would find it desirable to keep memoranda of expenditure, and of the articles lent, and to see that they were all marked indelibly 'lent not to be pawned.' The accounts should be kept in her name; and it has been found best to pay all bills monthly. In any case of difficulty or importance it might be desirable to consult with the person who recommended the case.

IV.—The Lady Superintendent will be provided with—1. A Nurse's Register Book. 2. A Map of the District. 3. Forms of Recommendation to be given to those authorised to recommend. 4. Form of Application for power to recommend, which must be signed by a Minister of Religion, Medical Man, or other party authorised by the Lady Superintendent to recommend.

5. Forms for advising the party signing the recommendation that the ease is found unsuitable. The Lady Superintendent will probably find it desirable to fill up this form and return it in all such cases.
6. Rules for District Nurses.
7. Rules for Patients and their Friends.
8. Slates and Pencils for Nurses.

V.—At certain periods there may be extra pressure on the Nurse, and watchfulness must be exercised that her strength is not over-taxed. Additional assistance can generally be found in some woman competent to act under the Nurse. This must be done by the district itself, as the Society has not at present extra Nurses. It may also be occasionally desirable to employ some strong person to clean out a dwelling. We may mention here that the owner of a house may be compelled, by application to the Inspector of Nuisances, Cornwallis Street, to have it whitewashed when in an unwholesome state.*

VI.—The Weekly Register Book of the Nurse is required to be taken to the Central Office, once a month, and given up to the Society at the end of the year.

VII.—It is impossible here to enter into details; but, perhaps, even from this sketch it may be gathered that the work is peculiarly susceptible of co-operation—one in which several friends may join, and prevent the burden falling too heavily on any, and all find their own vocation, from the wealthy merchant to the widow with her mite; from the child who gives its untasted orange or its broken toy, to the experienced mother who, with her kindly presence, brings more substantial aid to the sick little one. Those, too, on whom God has laid His hand and withdrawn from active life may have their vocation here. Many are the comforts devised and sent to poorer brethren from the thoughtful bed of sickness, with alleviations and pleasant books to beguile the weary hours of suffering.

RULES FOR DISTRICT NURSES.

1. It is expected that each Nurse shall devote at least five to six hours a day to visiting the sick poor.

2. Some cases require to be seen daily, but most not so frequently.

3. A Weekly Register is to be kept by the Nurse, in which each case is to be entered, and the Register taken to the Superintendent of the district at the times fixed by her, and when required submitted to the Central Society.

4. All recommendations of cases to be made by the Ministers of Religion, or by a Medical Man, or other authorised persons of the district, on a printed form furnished by the Society for that purpose. This recommendation to be taken to the Superintendent on the first opportunity, and to be kept and filed by her.

5. The Nurse to visit all cases so recommended as soon as possible, and report them to and consult the Superintendent upon them at the earliest opportunity. Any difficult point that may arise to be of course submitted to the Superintendent.†

* 'A very important point for other places. It is very important to direct the attention of ladies (*i.e.* educated women) in all places to this, viz.: To ascertain what power of this kind is given by local acts. They are lamentably ignorant on this point. So indeed are the ministers of religion.'—FLORENCE NIGHTINGALE.

† 'I entirely appreciate the manner in which the permanence of this great charity is provided for, by rendering responsibility as far as possible *local*, instead of keeping it in the hands of the original founder or founders: also by interesting in it as many persons as possible, and securing to them so much independence of action, while keeping up so much necessary (and no unnecessary) uniformity.'—FLORENCE NIGHTINGALE.

6. The Nurse is to report immediately to the Superintendent any case in which she judges that meat or other extra nourishment would restore heads of families more quickly to their work ; or which she thinks could be better or more suitably dealt with in an Hospital or Workhouse ; or where the family visited are able to obtain otherwise for themselves the relief required ; or where the neglect or disobedience of the Patients or their friends render her visits useless. No case duly recommended is to be left unattended to, without the knowledge and direct sanction of the Superintendent.

7. The Nurse to be ready and willing to render every assistance in any operation which the Surgeon may require.

8. The Nurse to render to the patients under her care such aid and instruction as may be necessary, and to urge upon them the great importance of cleanliness in person and dwelling, of the immediate removal of all things offensive both from the bed and room, and of care to keep the sick-room clean and fresh at all times ; of ventilation (fresh air), of giving nourishment and medicine at the right time, as directed, and of strict obedience to the orders of the medical attendant. She will often have to do what is necessary for the patient herself, and in most cases to instruct and enforce her instructions on the relations or attendants. She will tell them when and where to send for nourishment or comforts which are to be supplied to them.

9. No blankets, sheets, cushions, or other like articles to be lent until fully marked. The articles lent are to be entered by the Nurse, with the date of the loan, and a corresponding list given to the responsible person receiving them, requiring that such articles be returned clean and in good order, at such times as the Nurse or Superintendent may appoint.

10. A slate and pencil to be hung up in the patient's room, on which the doctor can write his instructions, and can, if he wishes, make an appointment with the Nurse, and on which she can enter any facts or ask any questions she may think desirable.

11. The Nurse herself to be an example of neatness, order, cleanliness, and sobriety. She must be most careful to avoid and to discourage any tale-bearing, scandal, or other unprofitable conversation. *She must not interfere with anyone's religious opinions. Strict obedience on the part of the Nurse to the directions of the Medical Man is indispensable.*

FORM OF APPLICATION FOR FORMS OF RECOMMENDATION OF PATIENTS TO DISTRICT NURSES.

To Mrs.

Lady Superintendent of District No.

Madam,—I shall be obliged if you will furnish me with Forms of Recommendation for Patients to the Nurse of your district. I have read, and assent to, the stipulations at the foot of this letter, which shall be carefully attended to by me.

I am, Madam,

Your obedient Servant,

Careful enquiry to be made previous to Recommendation, to ascertain—

1. That the Patient cannot otherwise obtain the relief required.
2. That the case is one inadmissible, or undesirable to send into an Hospital or Workhouse.

If the Nurse should discover that there has been a mistake on either of the above points, or that neglect or disobedience on the part of the Patients

or their friends render her visits useless, she will report it to the Superintendent, who will direct her to discontinue her visits. The Lady Superintendent, being alone responsible, is not to be called upon for reasons in such cases.

FORM OF RECOMMENDATION.*

To Nurse of District No. Address
 Name of Patient
 Address of do.
 Disease
 Circumstances

Enquired into and Recommended by

Signature
 Profession
 Address
 Date

This recommendation is only in force for one month; if the Nurse's attendance is required beyond that time, a fresh recommendation should be obtained.

FORM USED WHEN IT IS DESIRABLE TO INFORM THE SIGNER OF A RECOMMENDATION WHY THE PATIENT CANNOT BE TAKEN ON.

Sir,

The Case of

Name
 Address

has been visited, but does not appear to be a case for the Nurse's visits.

I am your obedient Servant,

Lady Superintendent.

REASON.

Able to obtain otherwise the necessary relief.
 More suitable for Hospital or Workhouse.
 Patient or friends careless or disobedient.

The Lady Superintendent to draw her pen through all the reasons but the one she has to give, or through all if she wishes to give no reason.

* On the back of this Recommendation is printed a plan of the Town, and the Nursing Districts into which it is divided.

FORM PRINTED ON A CARD, AND HUNG IN PATIENT'S ROOM.

To Patients and their Friends.

Ventilation, or the due admission of fresh air to the sick-room ; punctuality in giving medicine or food ; and perfect cleanliness of the room, bed, and person, being so absolutely necessary to the well-being and recovery of sick persons, you are expected to aid the efforts of your Medical Man and the district Nurse by strict attention to the following points :—

1st. Strict attention to the directions of your Medical Man as to the time and manner of giving medicines, &c.,* and other particulars relating to the sick-room.

2nd. Particular care as to the cleanliness of the sick, both in person† and clothing.

3rd. The immediate removal of all things offensive, both from the bed and room ; and care to keep the sick-room quite clean and fresh at all times.‡

It is a part of the Nurse's duty, in her visits, to see that these necessary things are properly carried out ; and she will give you suitable advice and directions in these and all other particulars concerning the proper care of the sick person.

Neglect of these instructions will make the Nurse's visits useless, and she is directed in such case to discontinue them.

FORM OF RECORD, KEPT BY INSPECTOR OF NURSES, OF NURSE'S CONDUCT AND EFFICIENCY.

No. of District, 22.

Name of Nurse, Mrs. ———

DAYS WHEN VISITED	JUNE 1	JUNE 23	JULY 6	JULY 30
Regularity	G.	M.	IMP.	V. G.
Reliability	V. G.	V. G.	V. G.	V. G.
Method in Work	IND.	IMP.	—	G.
General Ability and Insight	G.	G.	G.	G.
Personal Neatness and Cleanliness	M.	M.	IMP.	G.
Tenderness towards Patient	B.	M.	—	IMP.
Sick Cooking	—	G.	M.	G.
Management of Patient and Family	V. G.	—	—	M.
Ventilation and Cleanliness in Sick Room	IND.	M.	—	IMP.
Ameliorating Appliances	G.	G.	G.	G.
Working well with Medical Men	V. G.	V. G.	V. G.	V. G.
Dressings and other Appliances under Medical direction	V. G.	V. G.	V. G.	V. G.
Management of Convalescents	M.	—	IMP.	—
Observations on the Sick	G.	G.	G.	G.

V. G. Very Good. G. Good. M. Middling. IMP. Improved. IND. Indifferent. B. Bad. — No opportunity of judging on that visit.

* 'Food and drink.'—FLORENCE NIGHTINGALE.

† 'Bed linen.'—FLORENCE NIGHTINGALE.

‡ 4th. 'Preserving quietness in the sick room, and avoiding everything likely to excite or exhaust the patient. Take care that, as far as practicable, nothing in the way of food, drink, or medicine is given to the patient except under the direction of the Doctor or Nurse.'—FLORENCE NIGHTINGALE.

GENERAL REMARKS.

JUNE.

There have been 35 patients on the Book for 22 District this month, 19 Medical and 16 Surgical cases. The Nurse being a good Surgical Nurse, her cases in this line are increasing. Her District lies in a low dirty part of the town, so that she has more difficulty in keeping her clothes, &c., clean than some of the others.

JULY.

Compiled under the direction
of Dr. TRENCH, Medical
Officer of the Board of Health
for the Borough.

Liverpool Training School and Home for Nurses.—Statistical Table.

CAUSE OF SICKNESS	SEX		AGE OF PATIENTS																				
	Male	Female	Months	Years																		Not specified	
				3	6	1	2	3	4	5	10	15	20	25	35	45	55	65	75	85	95		
Zymotic Diseases.	Measles	26	26	1	5	9	9	8	9	9	..	..	2	..	..	..	..	..	..	..	..	..	
	Scarlatina	128	164	2	8	18	33	39	34	96	45	6	..	5	6	..	..	..	..	..	..	..	
	Hooping Cough	8	15	..	5	6	3	5	2	2	..	..	..	..	..	..	..	..	..	..	..	..	
	Diarrhoea	3	7	..	1	1	1	1	..	1	..	..	..	..	1	2	2	..	..	..	..	..	
	Dysentery	1	2	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	
	Influenza	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	
	Remittent Fever	12	26	1	..	..	..	1	1	8	5	1	2	6	7	2	2	2	..	..	..	..	
	Typhus & Typhoid Fever	51	64	..	..	2	2	2	3	14	16	15	15	16	13	10	5	2	..	..	..	..	
	Erysipelas	25	37	..	..	..	..	..	1	3	..	2	5	7	17	13	8	4	2	..	..	..	..
	Rheumatic Fever	11	5	..	..	..	..	..	..	1	3	1	1	2	5	2	1	..	..	..	..	..	..
Puerperal Fever	..	3	..	..	..	..	..	..	..	..	1	1	2	..	..	..	..	..	..	..	..	..	
Quinsy	1	3	..	..	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..	..	..	
Mumps	1	2	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	..	
Diseases of Variable Seat.																							
Dropsy	43	56	..	..	1	1	3	..	2	2	2	1	1	16	22	20	19	7	2	..	..	..	
Cancer	17	27	..	..	..	..	..	..	..	..	..	1	4	11	9	9	9	..	..	..	..	1	
Tumour	2	4	..	..	..	..	..	..	..	1	..	1	..	1	1	2	..	..	..	..	..	..	
Tubercular Diseases.																							
Scrofula	2	6	..	..	..	..	..	..	1	..	5	1	..	93	81	47	16	4	1	..	..	..	
Phthisis	156	185	..	..	6	2	6	2	8	10	30	35	..	81	47	16	4	1	..	..	..	..	
Hydrocephalus	4	2	..	..	1	1	..	1	..	..	..	..	1	1	1	..	..	..	..	..	..	..	
Disease of Glands	3	5	..	..	..	..	..	..	1	1	1	1	2	2	..	..	..	..	..	..	..	..	
Diseases of Brain and Spine &c.																							
Inflammation of Brain	5	2	..	..	..	..	..	..	..	1	1	..	1	1	1	1	1	1	..	..	..	..	
Apoplexy	1	4	..	..	..	..	..	..	..	..	..	..	..	2	..	1	..	2	..	..	..	..	
Paralysis	25	35	..	..	..	..	..	..	1	..	1	..	7	12	13	14	10	2	..	..	..	..	
Epilepsy	2	3	..	..	..	..	..	..	..	..	1	2	2	2	..	..	..	..	..	..	..	..	
Disease of Spine	7	2	..	..	..	..	..	..	3	2	..	..	2	1	1	..	..	..	..	..	..	..	
Disease of Brain	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	
Neuralgia	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	
Diseases of Heart and Arteries.																							
Disease of Heart	31	33	..	..	1	..	..	..	2	1	4	6	7	15	15	8	4	1	..	..	..	..	
Diseases of Respiratory Organs.																							
Bronchitis	130	174	..	1	..	3	5	2	6	3	4	7	40	64	65	75	25	3	1	..	..	..	
Pneumonia	38	30	..	..	3	..	2	1	2	1	6	1	18	15	12	6	..	..	..	1	..	..	
Asthma	19	21	..	..	..	..	..	..	..	1	..	1	11	9	15	1	2	..	..	..	..	..	
Pleurisy	13	17	..	..	..	1	..	..	1	1	4	2	8	6	6	1	..	..	..	..	..	..	
Diseases of Digestive Organs.																							
Disease of Stomach and Bowels	30	45	..	2	2	3	..	1	3	6	7	15	9	8	12	5	..	..	..	..	1	..	
Disease of Liver	11	16	..	..	..	..	..	..	1	1	3	..	7	5	3	4	2	1	..	..	..	..	
Jaundice	1	5	..	..	..	..	1	..	..	..	..	..	1	2	..	2	..	..	..	..	..	..	
Hernia	5	2	..	..	1	..	..	..	..	..	..	..	2	..	3	..	1	..	..	..	..	..	
Diseases of Urinary Organs.																							
Disease of Kidneys	6	2	..	..	..	..	..	..	..	..	1	..	2	3	2	..	..	..	..	..	..	..	
Female Diseases.																							
Childbirth	..	235	..	..	..	..	..	..	..	..	8	24	131	68	4	..	..	..	..	..	..	..	
Female Complaints	..	46	..	..	..	..	..	..	..	..	1	5	16	14	6	2	1	1	..	..	..	..	
Diseases of Organs of Locomotion.																							
Rheumatism	72	87	..	..	..	..	..	..	2	6	12	12	30	40	27	19	8	2	..	1	..	..	
Disease of Bones and Joints	2	5	..	..	..	..	1	..	4	..	..	..	1	..	..	..	..	..	..	..	1	..	
Diseases of Skin and Cellular Tissue.																							
Abscess	62	99	..	..	2	2	3	1	13	14	12	10	39	26	17	15	4	3	..	..	..	..	
Ulcer	12	51	..	1	..	..	1	..	1	2	3	1	13	10	6	14	8	3	..	..	..	..	
Disease of Skin	4	7	..	..	1	..	1	..	..	..	1	..	..	3	2	3	..	..	..	..	..	..	
Debility.																							
Debility	113	283	6	4	12	19	8	2	2	18	22	13	19	49	50	32	65	57	13	4	1	..	
Accidents &c.																							
Bruises	55	31	..	1	..	1	2	..	..	12	10	5	1	7	22	12	8	3	1	1	..	..	
Wounds	54	47	..	..	..	..	2	2	6	6	10	5	22	21	13	9	3	2	..	..	..	..	
Fractures	44	31	..	..	..	2	..	..	..	1	5	1	12	20	19	11	3	1	..	..	..	..	
Burns and Scalds	50	35	..	1	7	4	10	6	4	9	4	8	2	8	9	10	..	3	..	..	..	..	
Causes not Specified.																							
Causes not specified, and other Complaints	40	54	..	..	2	1	..	1	1	3	4	14	5	16	22	9	9	5	2	..	..	..	
Total	1328	2043	6	13	44	83	84	84	68	235	171	187	182	609	621	408	351	169	44	6	6	6	

There are, in the Reports of Sickness, memoranda as to the residences of 2,978 families. These show

from the District Reports of the Ladies Superintendent During the Year 1874.

NURSING DISTRICTS																	RESULTS							
1A	1B	2	3	4	5	6	7	8	9A	9B	10	11	12	13	14	15	16	17	Total sickness	Deaths	Removed to Hospital	Removed from books for other reasons	Per cent. of deaths to sickness	Average time of Nursing (in days)
3	8	10	2	14	2	..	3	1	1	1	2	..	1	1	..	3	..	..	52	3	..	..	5.8	30
1	25	28	13	31	9	3	42	28	17	10	16	21	2	11	12	8	11	4	292	42	5	4	14.4	29
..	3	1	..	..	4	..	10	..	2	..	..	..	2	..	..	..	..	..	23	2	1	..	8.7	48
..	..	..	5	..	1	..	..	1	..	..	1	..	..	..	..	2	..	..	10	2	..	1	20.0	32
..	..	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	2	1	..	48
..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	20
1	11	2	..	4	4	..	6	..	..	..	1	1	1	..	3	1	1	2	38	..	3	2	..	39
2	18	18	17	9	1	..	11	7	4	..	7	5	2	5	2	1	3	3	115	10	18	2	8.7	31
1	2	8	4	5	5	2	5	5	2	4	2	..	2	6	..	4	5	..	62	3	8	2	4.8	44
..	1	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..	..	16	..	5	..	..	51
..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	3	1	1	..	33.3	13
..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	1	..	..	4	..	..	..	..	22
..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	3	..	..	..	..	55
2	9	5	5	9	3	1	8	10	13	1	6	5	3	5	5	5	2	2	99	45	13	9	45.4	40
1	1	7	1	1	3	2	2	7	3	..	1	1	5	1	1	3	3	1	44	20	6	13	45.4	73
..	1	..	..	..	..	..	..	..	1	1	..	..	2	1	..	..	..	..	6	1	1	..	16.6	21
..	1	1	..	1	..	1	..	..	..	..	..	1	1	..	1	..	1	..	8	2	1	3	25.0	62
9	22	14	11	19	17	19	30	5	26	34	22	24	24	15	15	4	13	18	341	169	53	29	49.5	44
1	..	..	..	..	1	..	..	..	..	1	..	..	..	4	..	..	..	..	6	1	..	1	16.6	55
1	2	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	1	..	8	..	1	..	..	29
..	..	1	..	..	1	..	..	..	2	1	..	..	..	2	..	..	..	..	7	1	1	1	14.3	21
..	2	..	..	..	1	..	..	..	..	1	..	..	..	1	1	..	..	..	5	1	..	..	20.0	81
5	1	3	4	3	4	1	4	6	6	1	3	1	6	5	2	1	1	3	60	12	7	15	20.0	62
..	..	2	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	5	1	..	..	20.0	24
..	1	..	1	..	1	..	..	1	..	..	..	2	..	1	..	..	..	2	9	1	1	3	11.1	82
..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	12
..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	..	..	1	..	34
4	4	1	7	2	5	1	8	..	4	5	4	2	4	2	4	1	5	1	64	21	11	7	32.8	44
9	26	20	13	15	17	6	30	19	32	29	9	8	14	15	12	7	12	11	304	46	32	32	15.1	44
5	4	10	1	4	..	1	8	4	7	3	1	2	4	2	3	4	5	..	68	12	8	8	17.6	36
2	4	1	..	..	3	1	2	2	4	1	8	..	3	6	1	1	..	1	40	6	5	5	15.0	52
..	5	2	3	3	1	2	1	..	..	..	..	1	7	2	..	2	1	..	30	2	1	1	6.6	36
6	6	4	5	8	4	1	3	8	..	..	3	..	2	3	3	2	12	5	75	12	6	3	16.0	34
..	2	1	2	1	2	2	1	..	5	..	1	..	1	..	3	1	1	4	27	8	2	1	29.6	35
..	2	..	3	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	6	1	1	1	16.6	18
..	..	..	3	..	..	..	1	..	..	..	..	..	..	2	..	1	..	..	7	..	1	3	..	31
1	..	1	1	..	..	1	..	..	..	1	..	..	..	1	..	..	..	2	8	3	1	..	37.5	35
8	9	29	29	7	9	5	5	20	11	7	7	7	33	3	4	13	8	21	235	5	6	2	2.1	27
7	2	5	5	5	4	..	2	..	..	..	1	..	5	1	2	5	2	..	46	3	4	5	6.5	35
5	9	8	1	9	10	5	20	11	9	9	6	5	16	12	4	6	7	7	159	10	20	13	6.3	43
2	..	1	..	..	..	2	..	..	..	..	..	1	..	1	..	..	..	..	7	1	2	2	14.3	49
7	10	18	11	12	3	6	6	11	18	5	5	2	9	7	7	6	12	6	161	6	28	22	3.7	38
5	2	4	7	..	6	2	3	3	1	4	4	2	5	1	1	5	4	4	63	4	4	18	6.3	94
..	1	2	1	1	..	..	1	..	..	1	2	..	..	..	1	1	..	11	11	1	2	9.1	41	
22	39	34	8	16	14	16	38	13	17	12	11	23	34	27	20	..	27	25	396	35	30	52	8.8	46
4	7	5	..	7	1	3	6	7	5	2	6	3	10	4	2	8	3	3	86	..	7	1	..	28
5	22	..	2	4	2	1	14	1	7	5	2	4	4	3	13	6	5	1	101	5	9	7	5.0	45
4	4	16	3	3	2	1	4	6	5	7	6	2	3	1	..	3	5	..	75	2	7	6	2.6	40
6	6	5	3	2	1	..	11	3	5	7	9	2	2	5	2	11	3	2	85	5	7	5	5.9	37
6	4	5	8	14	9	3	11	2	1	4	4	2	2	2	6	6	4	1	94	7	17	9	7.4	46
135	278	278	191	209	149	87	300	181	210	156	152	129	209	162	131	124	161	129	3371	512	339	291	15.2	41

that 248 families resided in cellars, 1,146 in single rooms, and 1,579 in two or more rooms.

APPENDIX IX.

EAST LONDON NURSING SOCIETY.

RULES FOR DISTRICT NURSES.

- 1.—The Nurse to wear Society's uniform all days, except when she has leave for a holiday and goes right out of her district.
- 2.—The Nurse is supposed to rest from her work from four o'clock in the afternoon ; any work done after that is by her own free will.
- 3.—The District Nurse not to do night-duty, unless she wishes to give a night now and then.
- 4.—She is not to attend confinements in the character of a midwife, but she may wash the baby and help the mother afterwards.
- 5.—She is to have a fortnight's holiday every year with her wages going on.
- 6.—The Matron can give any District Nurse leave to go out for an afternoon once a fortnight, from 1 o'clock, but the Nurse must inform the Superintendent when she goes.
- 7.—The Nurse to attend once every Sunday in the Parish Church, and sit in the Nurse's seat.

M. DU'ANE, MATRON.

By Order of the Committee.

EAST LONDON NURSING SOCIETY.

TO PATIENTS AND THEIR FRIENDS.

Ventilation, or the due admission of fresh air to the sick-room, punctuality in giving medicine or food, and perfect cleanliness of the room, bed, and person, being so absolutely necessary to the well-being and recovery of sick persons, you are expected to aid the efforts of your Medical Man and the Society's Nurse by strict attention to the following rules:—

- 1.—Strict attention to the directions of your Medical Man as to the manner and time of giving medicines &c. and other particulars relating to the sick-room.
- 2.—Particular care as to the cleanliness of the sick, both in person and clothing.
- 3.—The immediate removal of all things offensive, both from the bed and room ; and care to keep the sick-room quite clean and fresh at all times.

It is a part of the Nurse's duty, in her visits, to see that these necessary things are properly carried out ; and she will give you suitable advice and directions in these and all other particulars concerning the proper care of the sick person.

Neglect of these instructions will make the Nurse's visits useless, and she will discontinue them.

APPENDIX

STATISTICS

METROPOLITAN

Parish or Union	Names of Unions	Estimated Elevation in feet above Trinity High Water Mark	Area in Acres	Population in 1871	Inhabited Houses
P	Bethnal Green	36	755	120,104	15,899
P	Camberwell	4	4,450	111,306	17,772
P	Chelsea	12 (?)	861	71,089	8,986
U	Fulham	6	4,003	66,041	3,469
U	St. George's	12	2,051	155,936	17,080
P	St. George's-in-the-East	15	244	48,052	5,932
P	St. Giles' & St. George's, } Bloomsbury. }	68	245	53,556	4,566
U	Greenwich	8	3,800	100,600	16,171
U	Hackney	55	3,935	124,951	19,347
P	Hampstead	150	2,248	32,281	4,348
U	Holborn	53	816	163,491	16,455
P	Islington, St. Mary.	88	3,107	213,778	27,079
P	Kensington	12 {	a 7,650 2,190	120,299	37,770
P	Lambeth	3	4,059	208,342	29,129
U	Lewisham	28	11,436	51,557	8,548
U	London, City of	38	731	75,983	9,415
P	Marylebone, St.	100	1,506	159,254	16,340
P	Mile End Old Town	{ Upper 32 Lower 28 }	679	93,152	13,036
U	St. Olave, Southwark	2	1,725	122,398	16,329
P	Paddington	76	1,251	96,813	11,847
P	St. Pancras	80	2,672	221,465	24,103
U	Poplar	10	2,648	116,376	16,262
U	St. Saviour, Southwark	2	1,170	175,049	23,314
P	Shoreditch	48	648	127,164	15,569
U	Stepney	16	569	57,690	7,816
U	Strand	50	433	41,339	4,017
U	Wandsworth & Clapham	22	11,740	125,060	19,154
U	Westminster	2	216	51,181	4,554
U	Whitechapel	28	405	76,573	8,272
U	Woolwich	Aver. 25	7,281	73,380	10,504

a includes Paddington and Fulham.

* These two rates are for St.
† Kensington includes both

X.

OF UNIONS.

DISTRICT.

Average Rateable Value			Average Annual Rate of Mortality per 1,000, during the 10 years—1861 to 1870	Number of Persons to an Acre	Number of Persons to a House	Average Pauperism of all classes on 1st July and 1st January		Total Relief to Poor	Rateable Value, 1872-73	Rate in £ for Relief	
						In	Out				
£	s.	d.						£	£	s.	d.
17	9	0	27·3	159	7·5	1,520	1,867	28,997	277,349	2	1
28	4	6	22·7	25	6·2	1,030	2,671	40,193	501,529	1	7 $\frac{1}{4}$
38	6	5	26·3	83	8·1	787	1,033	22,346	344,357	1	3 $\frac{1}{2}$
87	2	2	(See Kensington)	—	—	405	1,248	21,363	302,179	1	5
11	3	2	{ 19·3* 26·8* }	76	9·1	2,025	3,612	125,204	1,882,209	1	4
31	1	2	30·4	197	8·1	1,161	1,783	26,314	184,224	2	10 $\frac{1}{4}$
67	8	6	29·1	219	11·7	986	1,029	23,697	307,869	1	6 $\frac{1}{2}$
32	2	7	25·9	26	6·2	1,274	3,530	41,986	419,773	2	0
32	1	8	20·4	32	6·4	944	3,692	49,571	620,724	1	7 $\frac{1}{4}$
64	3	3	16·2	14	7·4	173	213	13,979	279,977	1	0
44	7	4	27·9	200	9·9	2,543	5,460	68,190	730,022	1	10 $\frac{1}{2}$
37	14	11	21·8	69	7·8	1,149	3,376	73,881	1,022,232	1	5 $\frac{1}{4}$
26	4	7	20·6	37†	3·2	1,086	1,766	59,715	991,703	1	2 $\frac{1}{2}$
32	19	9	23·5	51	7·1	1,816	6,056	73,650	960,853	1	6 $\frac{1}{2}$
48	1	8	18·6	5	6·0	227	909	23,609	411,012	1	1 $\frac{3}{4}$
273	7	6	26·2	104	8·0	2,505	5,033	216,839	2,574,813	1	8 $\frac{1}{4}$
71	12	7	24·9	106	9·8	2,546	3,099	78,801	1,170,414	1	4 $\frac{1}{4}$
20	18	10	24·7	137	7·1	752	1,384	21,088	272,968	1	6 $\frac{1}{2}$
36	8	6	25·5	71	7·5	1,453	3,254	57,232	594,768	1	11
81	8	8	(See Kensington)	—	8·1	653	1,884	51,868	963,375	1	1
48	5	11	23·4	83	9·2	2,562	6,988	101,140	1,164,123	1	8 $\frac{3}{4}$
28	12	8	26·1	44	7·1	1,071	2,748	54,514	465,655	2	4
32	1	3	(See St. Olave)	150	7·5	2,482	5,303	74,300	763,026	1	11 $\frac{1}{4}$
27	18	8	25·8	196	8·1	1,282	2,895	40,791	445,490	1	10
33	1	5	28·2	101	7·3	902	966	35,235	261,982	2	8 $\frac{1}{4}$
138	1	6	24·7	95	10·2	986	702	46,429	554,650	1	8
38	9	7	20·7	11	6·5	855	3,255	49,682	737,052	1	4 $\frac{1}{4}$
137	18	0	(See Strand)	237	11·2	979	1,017	42,803	628,044	1	4 $\frac{1}{4}$
38	3	3	29·8	190	9·1	1,169	1,247	27,929	315,676	1	9 $\frac{1}{4}$
21	6	11	(See Greenwich)	10	6·9	740	2,883	37,343	224,200	3	4

George's, Hanover Square and St. Margaret's, Westminster, respectively.
Paddington and Fulham.

THE NURSE'S OWN LIST CLASSIFIED.

NAME	KIND OF RELIEF	GENERAL REMARKS
SURGICAL CASES		
HELPLESS		
CONSUMPTIVE		
CONFINEMENTS		

NURSE'S WEEKLY LIST OF WANTS.

Tea		Soap
Sugar		Lotion
Rice		Lint
Cocoa		Rag
C. Flour		Gutta Percha Tissue
Sago		Wadding
Arrowroot		Strapping-plaister
Tapioca		Bandages
Oatmeal		

CLOTHING NEEDED.

NURSE, _____

Date _____

Names of Persons for whom Articles are required	Articles

Name of Pioneer.

NURSE PIONEER'S WEEKLY REPORT.

Date

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Name of District

Name of NURSE

Is Nurse's Card kept regularly ?	Names of Patients Visited	No. on Year's List	Names of Patients Visited	No. on Year's List
Number of Patients, Total .				
Ditto, Surgical . . .				
Ditto, Helpless . . .				
Ditto, Confinement . . .				
Ditto, Consumption . . .				
Ditto, Interesting cases reported				
Their number on Year's List .				
No. of New Patients ⊙ (dotted)				
Ditto, Given up +, (crossed) .				

Name and Address of Doctors referred to

APPENDIX XII.

(Copied by permission from Statistical Tables by John Charles Steele, M.D., Superintendent, Guy's Hospital.)*

REMUNERATION &c., OF NURSES AT THE FOLLOWING LONDON HOSPITALS :—

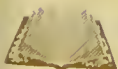
	No. of Beds	No. of Sisters	No. of Nurses	1869. Annual Remuneration of Sisters	1869. Annual Remuneration of Nurses	Proportion of Sisters to Patients	Proportion of Nurses to Patients	Remarks
Guy's	560	20	72	£50, Partial Board and Dresses.	£20, Board and Dresses.	1 to 28	1 to 8	Superannuation Fund for Sisters.
Bartholomew's . .	650	25	81	*£58. 10s., Dresses only.	£22. 15s., Board and Dresses.	1 to 26	1 to 8	Prizes, varying from 31s. 6d. to £5, are distributed among nurses.
St. Thomas's . .	211	7	19	£50, Full Board, Pay for own Dresses.	£25, Board, Pay for own Dresses.	1 to 30	1 to 11†	Gratuity of £5. 5s. to Sisters annually. Nurses have their dresses washed in hospital.
London	570	15	70	£44. 7s. 4d., Partial Board and Dresses.	£18. 16s., Full Board and Dresses.	1 to 38	1 to 8	
St. George's . .	331	19	36	£35, Full Board and Dresses.	£20, Full Board and Dresses.	1 to 17	1 to 9	
Middlesex	300	9	42	£30, Full Board and Dresses.	£20, Full Board and Dresses.	1 to 33	1 to 7	
St. Mary's	157	7	18	£30, Full Board and Dresses.	£22, Full Board and Dresses.	1 to 22	1 to 9	
Westminster . .	193	6	24	£26. 5s., Full Board.	£19. 19s., Full Board.	1 to 32	1 to 8	
King's College . .	152	7	35	Full Board and Dresses.	£22, Full Board, Clothing, and Washing.	1 to 22	1 to 4	£1,345 paid for nursing and cleaning arrangements.
University College .	150	7	30	Full Board and Dresses.	£16 do. do.	1 to 21	1 to 5	£1,500 do. do.

* A considerable increase has, we believe, taken place in the rate of remuneration since 1869.

† After ten years' service is increased to £66. 6s.

‡ Proportion of Nurses to patients largely supplemented from the Nightingale Training School.





Riley Dunn & Wilson Ltd

